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February 6, 2014

The Honorable G. Murrell Smith Jr., Chairman

The Honorable Tracy R. Edge

The Honorable William G. Herbkersman

The Honorable William "Bill" Clyburn

Ways and Means Healthcare Subcommittee
South Carolina House of Representatives

Dear Mr. Chairman and Subcommittee Members:

The S. C. Department of Disabilities and Special Needs' budget request is hereby submitted for your consideration.

The department is requesting \$15,500,000 in recurring funds for FY 2014 – 2015. Each priority relates directly to the agency's core mission and to the safety of individuals and provision of quality services. Funding this request will enable DDSN to comply with federal requirements and initiatives, prevent crisis situations, address the needs of elderly caregivers and individuals on waiting lists, and support people at home and in community settings.

In addition DDSN is requesting \$4,800,000 in non-recurring funds. These funds are necessary to comply with the OIG's required payback with regard to consumers bearing a higher percentage of administrative costs. There are no capital or proviso requests. There are no requests for new FTEs.

Thank you for your support of the agency's efforts to serve individuals with severe lifelong disabilities and their families. Your actions allowed the department last year to continue essential services and for the second year in a row, serve more than 1,000 new people who were waiting for new services.

Thank you for your leadership and service to our state. Please let me know if you have any questions or require additional information about DDSN's services or budget. We are glad to be of service.

Sincerely,

A handwritten signature in blue ink that reads "Beverly A. H. Buscemi".

Beverly A. H. Buscemi, Ph.D.
State Director

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SC Department of Disabilities and Special Needs

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S.C. DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

Mission, Vision and Values

The South Carolina Department of Disabilities and Special Needs (DDSN), as stated in Section 44-20-240 of the South Carolina Code of Laws, has authority over all the state's services and programs for South Carolinians with severe lifelong disabilities, including mental retardation and related disabilities, autism, traumatic brain injury, and spinal cord injury and similar disabilities. Primary responsibilities include planning, development and provision of a full range of services for children and adults, ensuring that all services and supports provided meet or exceed acceptable standards, and improve the quality of services and efficiency of operations. The department advocates for people with severe lifelong disabilities both as a group and as individuals, coordinates services with other agencies and promotes and implements prevention activities to reduce the occurrence of both primary and secondary disabilities.

VISION - WHERE WE ARE GOING!

To provide the very best services to assist persons with disabilities
and their families in South Carolina.

MISSION - WHAT WE DO!

Assist people with disabilities and their families
through choice in meeting needs, pursuing possibilities and achieving life goals;
and minimize the occurrence and reduce the severity of disabilities through prevention.

VALUES - OUR GUIDING BELIEFS!

Health, safety and well-being of each person
Dignity and respect for each person
Individual and family participation, choice, control and responsibility
Relationships with family, friends and community connections
Personal growth and accomplishments

PRINCIPLES - FEATURES OF SERVICES AND SUPPORTS!

Person-Centered
Responsive, efficient and accountable
Practical, positive and appropriate
Strengths-based, results-oriented
Opportunities to be productive and maximize potential
Best and promising practices

Adopted 11/20/03

SC Department of Disabilities and Special Needs

Major Achievements for Fiscal Year 2013

Exceeding National Benchmarks

DDSN currently serves approximately 33,500 eligible persons with intellectual disabilities and related disabilities, autism, head injury and spinal cord injury. Approximately 85 percent of these individuals live at home with their families or in their own home. Of the individuals served who have an intellectual disability/related disability or autism, 72 percent live with family compared to 58 percent nationally. The results are multi-fold as this is best for the person with a disability, it is preferred by families and it is the most cost-efficient service alternative for taxpayers.

South Carolina Ranked 12th in the United States and higher than any other southeastern state in the United Cerebral Palsy (UCP) 2013 report, *The Case for Inclusion*. UCP is an international advocacy and service organization that ranks all 50 states and the District of Columbia on their service outcomes for citizens with intellectual/developmental disabilities. This ranking process utilized numerous indicators covering a broad scope of areas which directly contribute to improved quality of life for people with disabilities.

Meeting Needs of Consumers and Families

DDSN effectively responded to 258 consumers last year whose situations jeopardized their health, safety and welfare. The result was their harmful situations were resolved, most frequently by appropriate out-of-home placement using the least restrictive setting.

For the second year in a row a substantial number of people moved into services off waiting lists and in addition, new supports and services were provided to other people in need. Approximately 1,000 people began receiving needed services from one of DDSN's four waiver programs and more than 900 people received new competitive employment or center-based day supports. Almost 3,200 new children ages 0 to 6 received essential early intervention and family training services. Around 500 respite sessions per month were offered through the Caregiver Relief Programs. Twenty-eight (28) new people received traumatic brain injury/spinal cord injury (TBI/SCI) post-acute rehabilitation services following injury.

The Caregiver Relief Program was expanded based on input from families and providers. This program offered respite care outside of the home to individuals who were on waiting lists for services. Fourteen (14) providers participated, an increase from the previous year, both private and public, representing large and small providers in both rural and urban areas of the state. Local flexibility was allowed for program design and operation. The results were providing opportunity for approximately 500 sessions each month.

Seventy (70) residents of DDSN's regional centers moved successfully to community settings based on their expressed preference. The results were honoring consumer/family choice, compliance with the U.S. Supreme Court's Olmstead decision and, in most cases, provision of less expensive residential services.

Primary Prevention

In collaboration with the Greenwood Genetic Center, DDSN maintains South Carolina's incidence of neural tube defects in line with the national average. This primary prevention effort results in positive outcomes for infants at birth, prevents the onset of an intellectual disability for 70 children annually and avoids millions of dollars in future medical and service costs over the lifetime of each child.

Early Intervention

About 200 very young children have benefited from a new process to transition children diagnosed with a Pervasive Developmental Disorder (PDD) receiving Early Intensive Behavioral Intervention (EIBI) services through the BabyNet program to move seamlessly into the PDD Program. As these children age out of BabyNet services at age three (30) individualized EIBI services through the PDD Program continue essential interventions which improve children's skills. The result eliminated a gap in services and improved the children's outcome measures.

The PDD Parent Handbook was translated into Spanish to inform parents about the Pervasive Developmental Disorder Program. This ensures PDD consumers whose parents demonstrate limited English proficiency have access to information pertaining to the PDD Program. The result is increased consumer information, increased involvement of parents in their children's treatment, and increased consumer control over who provides the services.

DDSN also developed a new Presumptive Eligibility Protocol to identify children at risk for an Autism Spectrum Disorder as early as 18 months of age. Designating a child "at risk" indicates need for further autism-specific assessment and qualifies that child for Applied Behavior Analysis (ABA) services instead of waiting for a definitive diagnosis of an Autism Spectrum Disorder. The new protocol allows children to be presumed eligible in order to receive ABA services earlier. This is consistent with countless studies that show early identification and intervention services greatly improve their abilities and quality of life.

Efficiencies

DDSN maintains administrative costs of the agency below 2 percent of the overall budget. Maximum financial resources are directed to services for those in greatest need and also serve the greatest number of people possible.

An additional \$2.1 million of service funds were redirected from regional centers to local community services thus reducing fifty (50) permanent workforce positions (FTEs). Since DDSN began its "Money Follows the Individual (MFI)" initiative, more than \$69 million has been redirected to less expensive service alternatives over time and resulted in the reduction of more than 2,100 FTEs.

DDSN continues to assure only individuals with the most significant and complex needs reside at the regional centers. More than 84 percent of the individuals residing at the centers have severe or profound disabilities whereas nationally 76 percent of individuals served in similar facilities in other states have severe or profound disabilities. Reserving utilization of the most expensive service is cost-efficient. Additional results are that individuals receive services in the least restrictive environment possible and inappropriate nursing home placements are avoided.

DDSN reduced the net census at regional centers by 3.2 percent and the number of people served in community Intermediate Care Facilities for Individuals with Intellectual Disabilities by 5 percent. The results are cost-efficiencies and practices consistent with federal priorities.

The agency maintained regional center per diems below the national average. DDSN's institutional rate is 41 percent less than the national average rate and 21 percent less than the southeastern average. South Carolina's result of having a more efficient system than similar agencies across the country is significant as regional center care is the most expensive service option.

DDSN increased and improved its data security. DDSN was one of the first agencies to participate in the SC Budget and Control Board Division of State Information Technology's (DSIT) monitoring network and continues this partnership. In 2012 the agency implemented a two-factor authentication process to improve security. The next step is to complete a security risk and vulnerability assessment.

SC Department of Disabilities and Special Needs

I. Achievements/Progress:

1. Waiting List movement

- a. FY 2012 over 1000 people
- b. FY 2013 almost 1000 people
- c. FY 2014 (June–Dec) approx. 600 people moved into services, 900 names removed
- d. 2 ½ year total – over 2600 people

2. Pervasive Developmental Disorders Program (PDD) – Children's Autism Services

- a. Over 900 children currently being served
- b. Routinely conducting diagnostic evaluations prior to age 3, early identification is enhanced
- c. Seamless movement from Baby Net to PDD program now exists - approximately 200 children have benefited in just over 1 year

3. Success of Early Intervention Programs

- a. Over 64 % of children improve to no longer need DDSN services by 3rd birthday
- b. Of remaining 36 % of children, 34 % improve by their 6th birthday to no longer need DDSN services
- c. 77 % of children in early intervention improve to no longer qualify for DDSN services

4. Crisis Resolution

- a. FY 2013 over 250 individuals in crisis where their health and safety were in jeopardy were protected and served
- b. FY 2014 first six months 142 individuals in critical life threatening circumstances have been provided care

5. United Cerebral Palsy titled "Case for Inclusion" report

- a. SC ranked 12th in the nation; higher than any other Southeastern State
- b. SC ranked higher than any other Southeastern State for 6 of 7 years

II. New challenges resulting from recent changes effecting DDSN

1. New CMS rule expands definition of least restrictive and most integrated settings

- a. Changes current day program structure
- b. Requires major changes in statewide service delivery system

2. American Psychiatric Association change to Autism Spectrum Disorder

- a. More people will be DDSN eligibility
- b. Anticipate approximately 14 % increase in service demand

3. Circuit Court ruling related to DDSN's populations served

- a. Required to serve incompetent to stand trial individuals who do not qualify now
- b. Required to serve in locked environment – DDSN does not operate locked facilities
- c. Ruling impact is statewide and applies to lower courts
- d. Extremely costly to DDSN system and puts other service dollars at risk

III. FY 2014-2015 Budget Request

**South Carolina Department of Disabilities and Special Needs
FY 2014 – 2015 Budget Request In Priority Order**

	Program Need	State Funding Required to Meet Need for FY 2014-2015	Budget Request for FY 2014-2015	New Services By Individual Based on FY 2015 Request
1	Boost the continued transition of individuals with very complex needs from institutional (ICF/ID) settings to less restrictive community settings, while maintaining quality care. DDSN has managed this movement within its own resources for the past 19 years. With increasing cost of care for those individuals leaving the regional centers, new state funds are necessary to allow individuals with the most complex medical and behavioral challenging needs to move without jeopardizing their health and safety. This request also maintains the provision of quality care at the regional centers as required. Funds requested will allow 50 individuals to move to community settings.	\$1,500,000	\$1,500,000	50
2	Provide individuals with severe disabilities on waiting lists with in-home supports and services necessary to keep them at home with family and prevent unnecessary and expensive out-of-home placements. This request will provide approximately 1,400 individuals with severe disabilities on waiting lists with in-home supports and services necessary to keep them at home with family and prevent unnecessary and expensive out-of-home placements. On average individual and family support services cost less than one-half the least expensive out-of-home placement option. Often these services are the difference between helping the family with supports versus replacing the family. Supports strengthen the family and allow family caregivers to remain employed. Supports also allow people with disabilities to earn money and often persons with physical disabilities can live independently or with limited assistance.	\$27,000,000	\$5,400,000	1,400
3	Service funding rates must be sufficient to cover the actual cost of care as a maintenance of effort to the providers of services. If not funded, local community providers will not be able to continue to provide the same level of service or maintain quality as there are no automatic increases to cover increased operational expenses. Over the past 5 years the costs of gasoline, food, electricity, medical professionals and other goods and services have increased significantly.	\$2,900,000	\$2,900,000	Statewide
4	Increase and improve access to respite services critical to helping parents and other family caregivers cope with the stress of providing daily care and supervision to their loved one. DDSN needs to increase the hourly rate that is paid to respite caregivers. The hourly rate that DDSN pays for this service has not been increased during the last ten years until last year's increase of \$1.00. DDSN is requesting new state funds to further increase the hourly rate by an additional \$1.00, for a total hourly rate of \$10.30. This increase will provide better access to this valuable service by identifying more caregivers as well as attracting more providers on a statewide basis who will qualify to provide this important service.	\$500,000	\$500,000	Statewide

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**South Carolina Department of Disabilities and Special Needs
FY 2014 – 2015 Budget Request In Priority Order**

	Program Need	State Funding Required to Meet Need for FY 2014-2015	Budget Request for FY 2014-2015	New Services By Individual Based on FY 2015 Request
5	Provide for the increased cost of providing care and addressing nursing and supervision needs of consumers. Address workforce issues to recruit and retain quality staff that provide essential 24/7 nursing care and direct supervision and care of consumers. Quality cannot be reduced and staffing ratios must meet compliance standards and be maintained. Wage compression exists where longtime quality employees make the same wage as new hires. Loss of longtime quality employees due to wage levels not keeping up with industry benchmarks increases turnover, affects the quality of consumer care, results in higher contract cost and increases the cost of training new staff to perform these vital services.	\$1,000,000	\$1,000,000	Statewide
6	Improve IT/Data Security statewide, replace obsolete systems, create a bridge to address BabyNet requirements and make system modifications related to MTCM requirements to include data security and HIPAA compliance. The intended impact is to protect personal and healthcare data, to create efficiencies in DDSN's statewide network and to meet new demands required by external entities.	\$1,800,000	\$800,000	Statewide
7	Employment initiative that represents the state's need to develop school to work transition for individuals aging out of the public school system and the need to establish job recruitment, job coach and job retention for adults with disabilities currently receiving day supports or on the waiting list. A two-prong approach, \$600,000 of this new funding will provide employment services for approximately 75 adults with an intellectual disability, autism, traumatic brain injury or spinal cord injury and \$500,000 of this funding will allow approximately 50 younger individuals to transition from public school to employment.	\$5,000,000	\$1,100,000	125
8	Provide necessary residential supports and services for individuals living with caregivers age 70 years old or older. As of June 30, 2013, there were over 1,100 individuals with severe disabilities living with parents/caregivers age 70 and over. More than 450 of these caregivers are at least 80 years old. The requested funds will provide residential and day supports and services for 100 individuals.	\$13,000,000	\$1,800,000	100
9	Increase access to post-acute rehabilitation that is specialized for traumatic brain or spinal cord injuries. This request will fund specialized rehabilitation for 8 to 10 individuals who are uninsured or underinsured.	\$9,400,000	\$500,000	8 – 10
TOTAL			\$15,500,000	

Pending Issues with Fiscal Impact for FY 2014 - 2015:

Change to Administrative Cost - \$4.8 million in one-time funds to comply with the OIG's required payback with regard to consumers bearing a higher percentage of administrative costs.

Changes and Implementation of MTCM

Changes and Implementation of WCM

Change in Interpretation of DDSN Eligibility for Individuals Determined Incompetent to Stand Trial

Prepared by W&M
South Carolina's
Home and Community Based Waivers or "Waiver Options"

FY 13-14		FY 14-15			
Current	Current	State	Federal	Total	Additional
Consumers/ Unduplicated	Unduplicated Waiting List	Request	Match	Funds	Consumers

DDSN

Head or Spinal Cord Injuries	625	362	572,400	1,335,600	1,908,000	148
Intellectual/Related Disabilities	5,726	2,141	1,495,800	3,490,200	4,986,000	388
Pervasive Developmental Disorder	640*	1,062	-	-	-	-
Community Supports	2,226	1,411	3,331,800	7,774,200	11,106,000	864

DDSN Budget Request

5,400,000	1,400
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* Another 262 consumers are in State funds only slots, for a total of 902 consumers being served

SCDDSN
Summary Of Individuals Living With Aging Caregivers
By Residing County - As Of December 31, 2013

<u>Region</u>	<u>County</u>	<u>Ages 55+</u>	<u>Ages 65+</u>	<u>Ages 72+</u>	<u>Ages 75+</u>	<u>Ages 80+</u>
Coastal	ALLENDALE	33	10	7	6	5
	BAMBERG	33	22	11	8	5
	BARNWELL	53	22	18	13	11
	BEAUFORT	127	60	34	22	8
	BERKELEY	189	85	46	30	14
	CHARLESTON	281	144	79	56	32
	COLLETON	64	36	20	15	8
	DORCHESTER	126	52	33	18	11
	HAMPTON	39	15	10	9	5
	JASPER	34	16	11	6	3
	ORANGEBURG	251	129	81	63	43
		1,230	591	350	246	145
Midlands	AIKEN	144	70	37	22	10
	CALHOUN	39	24	14	8	5
	CHESTER	25	14	8	7	4
	FAIRFIELD	40	18	14	7	5
	KERSHAW	45	18	8	6	3
	LANCASTER	57	31	21	16	9
	LEXINGTON	141	68	47	33	18
	NEWBERRY	56	21	11	8	3
	RICHLAND	324	194	114	89	52
	YORK	120	57	26	21	11
		991	515	300	217	120
Pee Dee	CHESTERFIELD	44	22	6	5	3
	CLARENDON	37	25	12	8	6
	DARLINGTON	73	22	11	9	7
	DILLON	48	15	4	3	2
	FLORENCE	110	59	34	29	14
	GEORGETOWN	80	45	26	19	10
	HORRY	175	89	49	37	20
	LEE	17	4	2	0	0
	MARION	47	9	7	6	0
	MARLBORO	59	32	12	5	2
	SUMTER	101	35	25	17	11
	WILLIAMSBURG	66	29	21	13	7
		857	386	209	151	82
Piedmont	ABBEVILLE	23	17	10	9	6
	ANDERSON	139	82	40	26	16
	CHEROKEE	55	29	19	16	11
	EDGEFIELD	20	12	6	6	4
	GREENVILLE	289	136	86	61	41
	GREENWOOD	88	40	20	13	8
	LAURENS	105	62	28	20	9
	MCCORMICK	14	9	7	5	3
	OCONEE	79	41	22	14	7
	PICKENS	108	55	32	24	13
	SALUDA	26	18	7	6	3
	SPARTANBURG	268	128	67	44	26
	UNION	49	26	15	11	7
		1,263	655	359	255	154
		4,341	2,147	1,218	869	501

South Carolina Department of Disabilities and Special Needs Pervasive Developmental Disorder (PDD) Program January 2014

Number of Children

- Almost 1500 children have received PDD services since the program's inception
- 902 children are currently participating in the PDD Program (640 enrolled in the waiver and 262 in state-funded slots)
- 1241 children are on the waiting list; 62% are age 5 and younger; only 9% (113) are age 2 and younger, with two thirds of these (75) receiving services through BabyNet
- Approximately 82% of all participants are male and 18% are female
- Approximately 73% of participants are ages 3-6; 25% are ages 7-10

Summary of USC's Research Analysis 2011

- Children enrolled in the PDD Program show improvement across all measure of functioning.
- Within specific domains, including Communication, Social, and Adaptive Behavior Composite (ABC), approximately 70 percent of children achieve reliable change.
- Within the domains of Daily Life Skills, Receptive Language and Expressive Language over 55 percent of children achieve reliable change.
- Both younger and older children show improvement.
- There is some evidence that the highest-performing children at baseline show less improvement through time.

These findings were promising and suggest that the PDD Program is increasing the skills and adaptive functioning of children in South Carolina. A subsequent analysis by USC is expected in 2014.

Utilization of Services/Resources

- The proviso caps expenditures for each individual child at \$50,000 per year.

- The average budget DDSN authorized for each child based on the individual assessment and service plan is \$30,588 per year.
- The number of qualified providers is 18 companies with over 55 consultants; an increase of 10 consultants from last year. The Program began with three companies and five consultants.
- Increased the number of children transitioning from BabyNet to the PDD Program. This prevents disruption of services. 197 children have transitioned since October 2012.
- 80% of children are Medicaid eligible

Funding

\$7.5M	Original appropriated amount
\$6.975M	Current appropriated base
\$6.006M	Actual expenditures for FY2012
	Note: DDSN had requested Medicaid's approval of a rate increase for direct line therapists in FY2011. It was anticipated this would be approved and expended in FY2012.
\$7.232M	Actual expenditures for FY2013
	Note: Includes base and carry forward spending.

Services

Children accepted in the Pervasive Developmental Disorder (PDD) Program receive two types of services:

- 1) Early Intensive Behavioral Intervention (EIBI) and
- 2) Case Management

EIBI services seek to develop skills of children in the areas of cognition, behavior, communication and social interaction. Case management services assist children and their families in gaining access to needed waiver and other State Medicaid plan services, as well as medical, social, educational and other services.

Program Improvements

1. Award state-funded slots to children prior to Medicaid eligibility determination. This allows the family to complete paperwork, the child to be assessed, the plan developed and the start of therapy before completion of Medicaid eligibility process. If the child is determined Medicaid eligible, funding is shifted from 100 percent state to PDD waiver.
2. Allow children younger than three years of age to apply for PDD services. Children are not enrolled in the Program until after they turn three but the ability to apply prevents time delay.

3. Implemented new process to increase utilization of authorized budget by families. This includes better education of families about the program and family responsibility. By working with families at the beginning, it can be more realistically determined how much time the family can commit to a therapy schedule.
4. More frequently monitor family utilization of services and adjust hours and corresponding budget up or down accordingly. This method is still responsive to the needs of the individual child but also prevents over-authorization of state funds.
5. Changed timing of provider payment to improve timeliness of service delivery. Previously DDSN paid provider once the assessment and service plan were completed. Now full payment is withheld until the provider completes these and trains direct-line therapists, decreasing time delay before actual services begin.
6. Began providing learning supplies and tools for families receiving EIBI to enhance their children's outcomes.
7. Collaborate with the SC Autism Society and the Developmental Disabilities Council to ensure that parents of children on the PDD waiting list have a clear understanding of what the PDD Program provides, how it works, and the family's commitment.
8. Through its contract with the University of Nevada's Distant Education program, DDSN graduated its second set of students in December 2011 taking five graduate-level courses approved by the National Board of Applied Behavior Analysis to prepare them for Board Certification. This will increase the capacity of approved providers of DDSN's PDD program.
9. Developed and began a quality assurance review of EIBI providers to ensure high quality of services.
10. Finalized contract language in partnership with DHHS for EIBI providers that focus on the provider delivering a minimum level of the authorized intervention hours. This helps DDSN ensure budgets are closer to utilization.
11. DDSN collaborates with USC's Department of Psychology. At no charge, the Department assists DDSN and its network of EIBI providers to identify the direct-line therapists who do the majority of the in-home interventions with children and their families. DDSN is now targeting Winthrop, Francis Marion and Coastal Carolina universities to replicate USC's model.
12. DDSN collaborated with USC's College of Social Work. At no charge, the College conducted an evaluation of DDSN's PDD program focusing on results, parent satisfaction, and family indicators that lead to better outcomes. This research and final report were completed.

13. Recruited qualified Board-Certified Behavior Analysts (BCBA) attending the National Association of Behavioral Analysts annual meeting June 2011.
14. Coordinated policy efforts with First Steps. DDSN created a smooth transition for children diagnosed with a Pervasive Developmental Disorder (PDD) receiving Early Intensive Behavioral Intervention (EIBI) services through the BabyNet program to move seamlessly into the PDD Program. As these children age out of BabyNet services at age 3, individualized EIBI services through the PDD Program continue essential interventions which improve children's skills. The result eliminated a gap in services and improved the children's outcome measures.
15. Developed and distributed the PDD Parent Handbook which is available online and hard copy in both English and Spanish. This new handbook informs parents about the Pervasive Developmental Disorder Program. It describes the specialized services and options parents have to manage and maximize their child's services, including their role in assuring the best possible outcomes are achieved. The result is increased consumer information, increased involvement of parents in their children's treatment, and increased consumer control over who provides the services.

New Initiatives

1. Submitted a formal request to DHHS for approval of a rate increase in 2011 for direct-line therapists (not provider overhead) to meet the need to recruit and retain the necessary number of individuals who work directly with the children. At least one direct-line therapist is needed for each child/family. This rate increase went into effect January 1, 2013.
2. Continue to contract with a professional recruiting company to recruit, screen, and conduct background checks on potentially qualified line therapists; the line therapists are the people who spend the most time with the child and family implementing the plan prepared by the BCBA. 265 hired since November 2011.
3. Developed and issued a third RFP for graduate level training courses to increase the number of Board Certified Behavior Analysts specifically for children participating in the Pervasive Developmental Disorder (PDD) Program and people participating in the Intellectual Disabilities/Related Disabilities Waiver and the Traumatic Brain Injury and Spinal Cord Injury Waiver. One result is a more cost-effective approach to training a core group of students than the typical university enrollment process and fees. Another result is students who complete the training commit to providing services for a minimum of two years in exchange for tuition costs. DDSN anticipates 20 to 25 students successfully completing the course requirements in March 2014.
4. In December 2012, DDSN requested that USC conduct another, more comprehensive study of the PDD program to determine if children participating in the program continue to show improvement across all measures of functioning [areas of adaptive functioning (eating, bathing, dressing, toileting), expressive and receptive communication (speaking,

understanding what others are saying to them, and learning), socialization (playing with peers, being able to grocery shop with mom) and cognitive functioning (learning, staying on par with peers.)]

Due to the richness of available data, DDSN is uniquely positioned to advance knowledge regarding the predictors of positive outcomes associated with this program. These results will provide important additional insights for the delivery of treatment services at DDSN and for the broader understanding of treatment policy for children with Autism Spectrum Disorder.

This new study will include about 500 more children and families and will specifically aim to:

1. Evaluate the impact of PDD services on child outcomes (cognitive functioning, adaptive functioning and verbal ability)
2. Assess the child-specific factors associated with differences in outcomes (attributes of children who are most likely to experience positive outcomes)
3. Explore the relationship between the changes in adaptive behaviors through time and the actual treatment hours received (how differences in treatment hours contribute to the positive outcomes)

DDSN expects this study to be completed by spring 2014.

Outcomes

DDSN operates an evidence-based program for children with a Pervasive Developmental Disorder (PDD). The interventions are based on Early Intensive Behavior Intervention (EIBI) and focus on enhancing cognition, communication, adaptive behavior and social skills, all of which are significant issues for children with autism spectrum disorders. DDSN's model is a home-based treatment program that requires parental involvement to ensure the interventions are carried out throughout the child's day.

To date, DDSN has provided EIBI programs to more than 1,400 children ages 3 through 10 years old. The outcomes of these individualized programs are remarkable and mirror the research conducted on programs just like DDSN's program. The majority of children in the PDD program experience statistically significant gains in all areas for which children with autism have severe deficits: expressive communication, receptive communication, adaptive living and use of appropriate social skills.

Expressive communication is what children can say with words or sign language. Many children came into the program unable to speak or used very few meaningful words. Now, the majority of children uses words, sign language or picture exchange systems to communicate with peers, teachers and parents. Quotes from a survey of parents of children in the program include, "He is a different child. I would never have imagined that he would respond to a question or initiate

conversation with his family or schoolmates.” “Please do not take this program away from my child. She is talking! She has made so much progress, and I can’t thank you enough for giving my daughter a chance to be like other children.” To be able to ask for what one wants or needs or to let a parent or teacher know that they are in pain is a huge milestone for these children. By enhancing Expressive Communication, behavior challenges can be markedly decreased, allowing socially significant behaviors to improve.

Receptive communication is a child’s ability to understand, process, and react or respond to the verbal and nonverbal language of others. Growth in this area affects one’s ability to follow directions, answer questions, and respond to commands in emergency situations. Being able to follow directions leads to the development of expressive communication skills. Children who received EIBI services for three years showed an average gain of 15% in the area of Receptive Communication.

Daily living skills are being able to care for one’s self by learning skills such as toileting, bathing and getting dressed and are extremely important skills for children with a PDD to develop so they can function as independently as possible. The average gain in this area for those who completed three years of service was seven years.

Socialization skills - Many children diagnosed with a PDD do not interact with their family members or typically developing peers in an appropriate manner. The deficiency in language and communication also make it difficult to form personal relationships and friendships. Intensive programming delivered in the child’s natural environment enhances their skills and abilities in this area. Children who received three years of EIBI services saw a reliable change of 72%.

South Carolina Department of Disabilities and Special Needs Head and Spinal Cord Injury (HASCI) Division

Funding for Specialized TBI/SCI Post-Acute Rehabilitation

WHAT:

SCDDSN has limited state funding to pay for medical rehabilitation for uninsured or underinsured people with traumatic brain injury (TBI) and/or spinal cord injury (SCI) in CARF-accredited inpatient/outpatient TBI/SCI Rehabilitation Programs. These funds may be used subsequent to, but cannot supplant or subsidize, any other funding.

WHO:

Applicants must be residents of South Carolina and must be uninsured or unable to access sufficient post-acute rehabilitation through private health insurance, Medicare, Medicaid, Worker's Compensation, Veterans Administration, or any other payers. If receiving or eligible for Medicaid, applicants must be 21 years of age or older.

Applicants must have traumatic brain injury and/or spinal cord injury caused by external physical trauma and resulting in hospitalization or treatment in an emergency department or by a physician and not congenital or due to a chronic, degenerative, or progressive medical condition. *(TBI does not include anoxic or hypoxic brain damage, aneurysm, stroke, or dementia. Traumatic SCI does not include spinal column fracture, disc injury, spinal stenosis, or demyelinating disease.)*

Applicants must meet medical necessity and clinical level of care criteria. Applicants must no longer require acute care, be able to actively participate in and benefit from intensive rehabilitation, and be reasonably expected to achieve neurological recovery and/or improved functioning. Patients in coma, persistent vegetative state, or minimally responsive state are not eligible. Applicants must have viable and productive post-rehabilitation options.

WHEN:

The intent is for specialized TBI/SCI post-acute rehabilitation to begin when acute care is no longer needed and upon discharge from a hospital or after diagnosis by a physician.

WHERE:

SCDDSN currently contracts with three entities to provide specialized rehabilitation:

- Roger C. Peace Rehabilitation Hospital (Greenville, South Carolina)
Telephone: 1-800-868-8871
- Carolinas Rehabilitation (Charlotte, North Carolina)
Telephone: 1-704-355-5869
- Rehab Without Walls (Augusta, Georgia)
Telephone: 1-866-734-2296

HOW:

Trauma centers, acute care hospitals, and physicians may refer patients to the entities above. Potential applicants or their representatives may also contact these entities for information.

If interested in contracting as a provider for this funding, other entities with CARF-accredited inpatient or outpatient TBI/SCI Rehabilitation Programs may contact the SCDDSN Head and Spinal Cord Injury Division at 803/898-9789.

South Carolina Department of Disabilities and Special Needs

Post-Acute Rehabilitation Funding for Individuals with Traumatic Brain Injury (TBI) and/or Spinal Cord Injury (SCI)

FY-2014: 7/1/2013 - 12/31/13 (6 months)

Total Funding Authorized:	\$1,111,277	
<i>Carolinas Rehab</i>	<i>\$176,000</i>	
<i>Roger C. Peace Rehab</i>	<i>\$886,102</i>	
<i>Rehab Without Walls</i>	<i>\$49,175</i>	
Total Individuals Funded:	27	19 TBI; 8 SCI
<i>(2 patients received Inpatient Rehab at one location and Outpatient Rehab at another location)</i>		
<i>Carolinas Rehab</i>	<i>4</i>	<i>3 TBI; 1 SCI</i>
<i>Roger C. Peace Rehab</i>	<i>23</i>	<i>16 TBI; 7 SCI</i>
<i>Rehab Without Walls</i>	<i>2</i>	<i>2 TBI</i>
Applicants Not Approved Due to Not Meeting Eligibility Criteria:	2	1 TBI; 1 SCI

2/1/2008 - 12/31/13

Total Funding Authorized:	\$10,077, 224	
<i>Carolinas Rehab</i>	<i>\$3,149, 399</i>	
<i>Roger C. Peace Rehab</i>	<i>\$6,442,197</i>	
<i>Walton Rehab</i>	<i>\$404,053</i>	
<i>Rehab Without Walls</i>	<i>\$81,575</i>	
Total Individuals Funded:	194	112 TBI; 82 SCI
<i>(5 patients received Inpatient Rehab at one location and Outpatient Rehab at another location)</i>		
<i>Carolinas Rehab</i>	<i>57</i>	<i>25 TBI; 32 SCI</i>
<i>Roger C. Peace Rehab</i>	<i>126</i>	<i>75 TBI; 51 SCI</i>
<i>Walton Rehab</i>	<i>12</i>	<i>12 TBI</i>
<i>Rehab Without Walls</i>	<i>2</i>	<i>2 TBI</i>
Applicants Not Approved Due to Not Meeting Eligibility Criteria:	30	21 TBI; 9 SCI

FY-2014 Initiatives to Increase Qualified Providers and Access for Patients Statewide

Roper Rehab Hospital (Charleston) - Support to achieve CARF specialty certification for TBI and SCI Programs
Roger C. Peace Rehab Hospital - Support to expand CARF specialty certification to SCI Ventilator Patients

Rehab Without Walls - Support to add rehab treatment teams in Midlands, Pee Dee and Low Country areas
Carolinas Rehab Hospital - Support for outreach to patients in Midlands, Pee Dee and Low Country areas
Roger C. Peace Rehab Hospital - Support for outreach to patients in Midlands, Pee Dee and Low Country areas

Agency Name: DDSN

Person Completing Form: Tom Waring

Date 01/31/2014

1. Is your agency in the process of reviewing and implementing the security policies issued by the Division of Information Security (Risk Management; Mobile Security; Information Systems, Acquisitions, Development, and Maintenance; HR and Security Awareness; Access Control; Asset Management; and Data Protection and Privacy)?

Yes

2. Does the agency director or his non-IT designee attend the monthly statewide IT security meetings for agency directors hosted by the Division of Information Security and Deloitte?

Yes

3. Does the agency IT director and CISO attend the monthly IT security meetings for IT professionals hosted by the Division of Information Security and Deloitte?

Yes

4. As first step in helping agencies identify and categorize data they manage and maintain, the Division of Information Security has provided tools and guidance to help agencies create an inventory of all IT assets (servers, network equipment, computers, mobile devices, etc.) Has your agency started this process?

Yes

5. Through the Budget and Control Board's project to improve cyber security in our state, funding was provided to complete 18 agency risk assessments? Was your agency one of the 18 to complete this risk assessment? If so, has the assessment been completed? If your assessment has been completed, is your agency working on a corrective action plan to address the issues identified through the assessment?

Yes, DDSN was selected as one of the 18 agencies to complete the risk assessment

The assessment has not yet been completed; we are scheduled to start ours on 3/3/2014.

N/A

N/A

6. If your agency has not been scheduled to receive one of the 18 assessments, are you using the self assessment tool (provided by DIS) to identify areas of risk within your agency? If your self-assessment has been completed, are you working on a corrective action plan to address the issues identified in the self-assessments?

N/A

7. Are you aware of the enterprise security services that DIS is in the process of deploying for state agencies?

YES

- a. VPN/2Factor
- b. Laptop Encryption
- c. Privileged User Management
- d. Patch Management
- e. Security Awareness Training
- f. Unified Threat Manager (UTM)

Have you reviewed these offerings and is your agency working with DIS to take advantage of these free services?

Yes, we have completed the DIS survey indicating DDSN is interested in all of these services and the amount of each that we will need.

8. In an effort to build a professional development/training program for agency security officers, DIS has requested that each agency identify all employees who play a role in managing Cyber Security. Is your agency working to complete this request?

DDSN has completed this request and returned it to DIS.

Accountability Report Appropriations/Expenditures Chart

Base Budget Expenditures and Appropriations

Major Budget Categories	FY 11-12 Actual Expenditures		FY 12-13 Actual Expenditures		FY 13-14 Appropriations Act	
	Total Funds	General Funds	Total Funds	General Funds	Total Funds	General Funds
Personal Service	\$60,360,609	\$44,718,896	\$59,471,870	\$45,738,775	\$62,068,420	\$45,116,604
Other Operating	\$357,358,395	\$95,744,993	\$357,416,639	\$104,070,573	\$456,385,292	\$112,736,064
Special Items	\$14,810,499	\$8,261,470	\$25,983,142	\$13,891,602	\$18,780,876	\$6,659,300
Permanent Improvements	\$2,798,185		\$2,425,609			
Case Services	\$12,545,241	\$900,800	\$13,769,642	\$900,598	\$15,428,310	\$914,800
Distributions to Subdivisions						
Fringe Benefits	\$23,815,431	\$17,821,833	\$23,724,993	\$17,982,742	\$28,010,806	\$21,201,319
Non-recurring			\$250,000	\$250,000		
Total	\$471,688,360	\$167,447,992	\$483,041,895	\$182,834,290	\$580,673,704	\$186,628,087

Other Expenditures

Sources of Funds	FY 11-12 Actual Expenditures	FY 12-13 Actual Expenditures
Supplemental Bills		
Capital Reserve Funds	\$2,798,185	\$2,425,609
Bonds		

Major Program Areas

Program Number and Title	Major Program Area Purpose (Brief)	FY 11-12 Budget Expenditures	FY 12-13 Budget Expenditures	Key Cross References for Financial Results*
II.E - Intellectual Disabilities Community Residential	Residential care provided to consumers in the least restrictive environment based on needs of the consumer. This residential care consists of 24-hour care with range of care based on medical and behavioral needs of consumers.	State: 40,102,119 Federal: 0 Other: 166,051,832 Total: 206,153,951 % of Total Budget: 44%	State: 49,987,305 Federal: 0 Other: 166,920,932 Total: 216,908,237 % of Total Budget: 45%	7.1-1, 7.1-3, 7.1-6, 7.1-7, 7.1-9, 7.1-11, 7.1-17, 7.1-18
II.H. - Regional Centers	Regional residential centers provide 24-hour care and treatment to individuals with intellectual disabilities/related disabilities or autism with more complex, severe disabilities.	State: 51,557,149 Federal: 76,465 Other: 35,855,801 Total: 87,489,415 % of Total Budget: 19%	State: 52,576,970 Federal: 43,035 Other: 33,614,554 Total: 86,234,559 % of Total Budget: 18%	7.1-4, 7.1-5, 7.1-6, 7.1-17, 7.1-18, 7.2-11, 7.3-13
II.B3 - Intellectual Disabilities Family Support Adult Development and Supported Employment	Service consists of center based workshop providing training and skill development in a workshop environment and on-the-job training in a normal work place. Participants are paid wages based on their ability to produce.	State: 12,528,997 Federal: 0 Other: 28,092,307 Total: 40,621,304 % of Total Budget: 9%	State: 13,458,453 Federal: 0 Other: 30,184,818 Total: 43,643,271 % of Total Budget: 9%	7.1-3, 7.1-10, 7.1-11, 7.2-10, 7.2-14
II.B2 - Intellectual Disabilities Family Support In-Home Family Support	Family support services prevent the breakup of families; prevent the development of crisis situations and the resulting expensive out-of-home placement for individuals with severe lifelong disabilities.	State: 22,054,285 Federal: 838 Other: 8,578,805 Total: 30,633,928 % of Total Budget: 6%	State: 23,374,574 Federal: 0 Other: 7,077,090 Total: 30,451,664 % of Total Budget: 6%	7.1-1, 7.1-2, 7.1-6, 7.1-8, 7.1-10, 7.1-11, 7.2-10
Below: List any programs not included above and show the remainder of expenditures by source of funds. Program I; Program II. Subprograms A; B1; B4, C; D; F and G.				

Remainder of Expenditures:	State: 41,205,442 Federal: 175,171 Other: 62,610,964 Total: 103,991,577 % of Total Budget: 22%	State: 43,436,988 Federal: 166,749 Other: 59,774,818 Total: 103,378,555 % of Total Budget: 22%
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*Key Cross-References are a link to the Category 7 - Business Results. These References provide a Chart number that is included in the 7th section of this document.

Category 7: Results

Figure 7.1-1

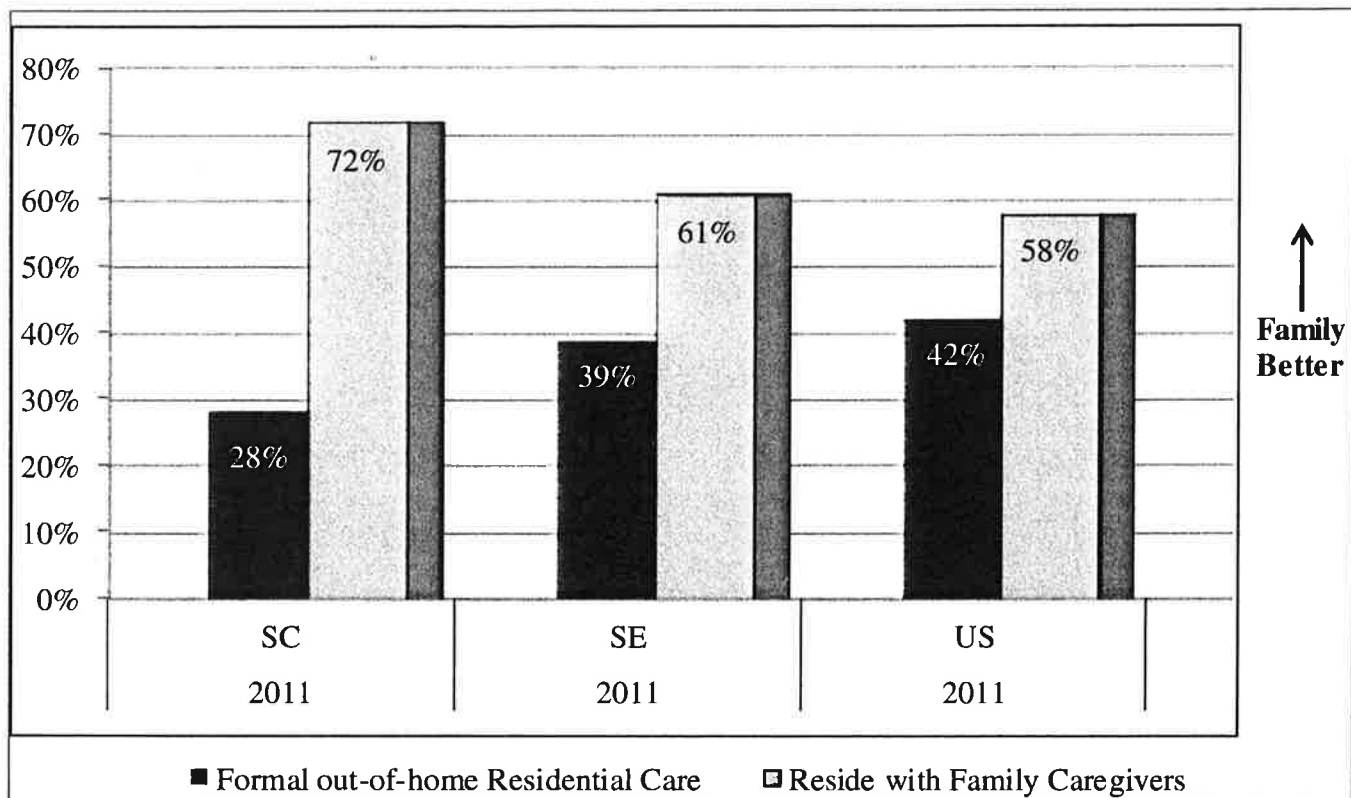
Figure 7.2-1

Figure 7.3-1

Figure 7.5-1

Section I:
Major Achievements
Section III:
Category 3 – Customer Focus
Category 6 – Process Management

South Carolina Department of Disabilities and Special Needs Living Arrangements for Persons with Intellectual Disabilities/Related Disabilities (ID/RD) Receiving Services Comparing South Carolina with Southeastern and United States



	Out-of-home residential care	Reside with family caregivers
Georgia	48%	52%
North Carolina	Data Not Furnished	Data Not Furnished

Serving people with severe lifelong disabilities in their homes with family is best for the person, preferred by families and is the most cost-efficient service alternative for taxpayers. Of the thousands of persons with intellectual disabilities and related disabilities (ID/RD) and autism receiving services from DDSN, 72% live with family caregivers compared to 58% nationally. DDSN is doing a better job of keeping families together utilizing day services, respite, personal care, and other needed supports.

Note: Approximately 85% of *all* individuals served by DDSN, not just those with ID/RD, live at home with their families or in their own home. National data is unavailable to compare to the broader population served in South Carolina.

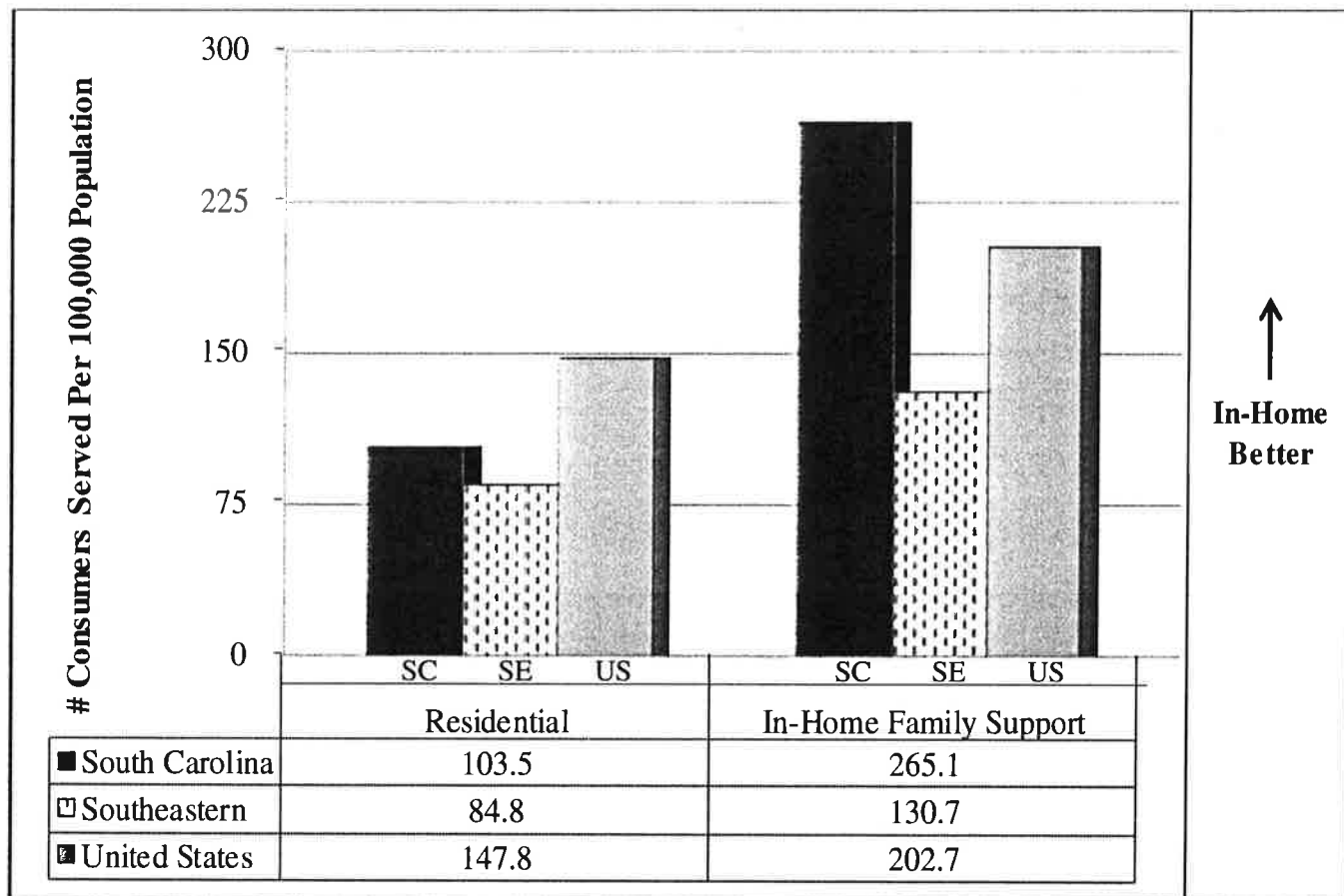
Data Source:

Residential Services for Persons with Developmental Disabilities: Status and Trends through 2011 published by The University of Minnesota

Figure 7.1-2
Figure 7.2-2
Figure 7.3-2
Figure 7.5-2

Section I:
Major Achievements
Section III:
Category 4 – Measurement, Analysis
& Knowledge Management

**South Carolina Department of Disabilities and Special Needs
Type of Service and Proportionate Number of Persons with
Intellectual Disabilities/Related Disabilities (ID/RD) Served (Consumers)
Comparing South Carolina with Southeastern and United States**



Georgia	63.1	69.4
North Carolina	Data Not Furnished	Data Not Furnished

DDSN places a strong emphasis on the more cost-effective services provided to consumers living with family members rather than costly out-of-home residential services. This graph reflects the number of persons per 100,000 general population receiving in-home family support services and out-of-home residential services. Compared to the National average, DDSN serves 31% more persons with less expensive in-home family supports. Utilization of this service delivery strategy has enabled DDSN to serve proportionately more persons with disabilities than are served in other states.

(South Carolina's number of people served with in-home family support includes children receiving BabyNet services.)

Data Source:

Residential Services for Persons with Developmental Disabilities: Status and Trends through 2011 published by The University of Minnesota

Figure 7.1-3
Figure 7.2-3
Figure 7.3-3
Figure 7.5-3

Section I:
Major Achievements
Section III:
Category 4 – Measurement, Analysis
& Knowledge Management

South Carolina Department of Disabilities and Special Needs
UCP's 2013 Ranking of States' Ability to Create Community – Inclusive Lives for
Americans with Intellectual Disabilities/Related Disabilities (ID/RD)

Chart A

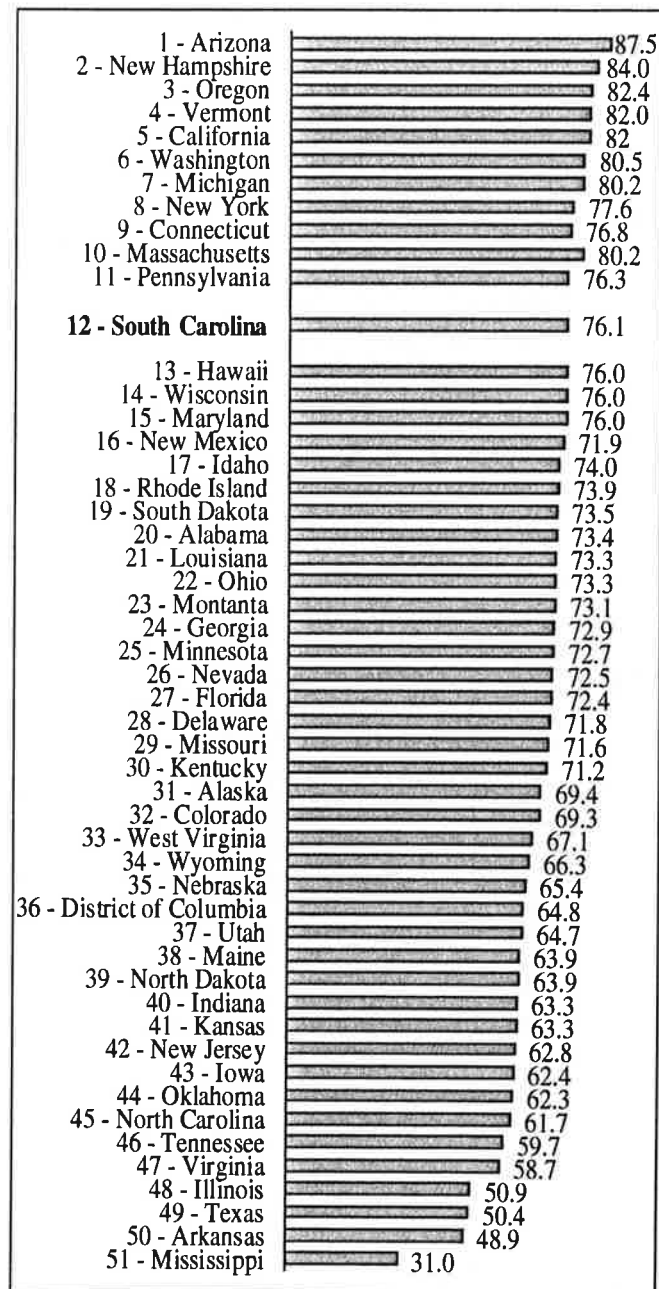
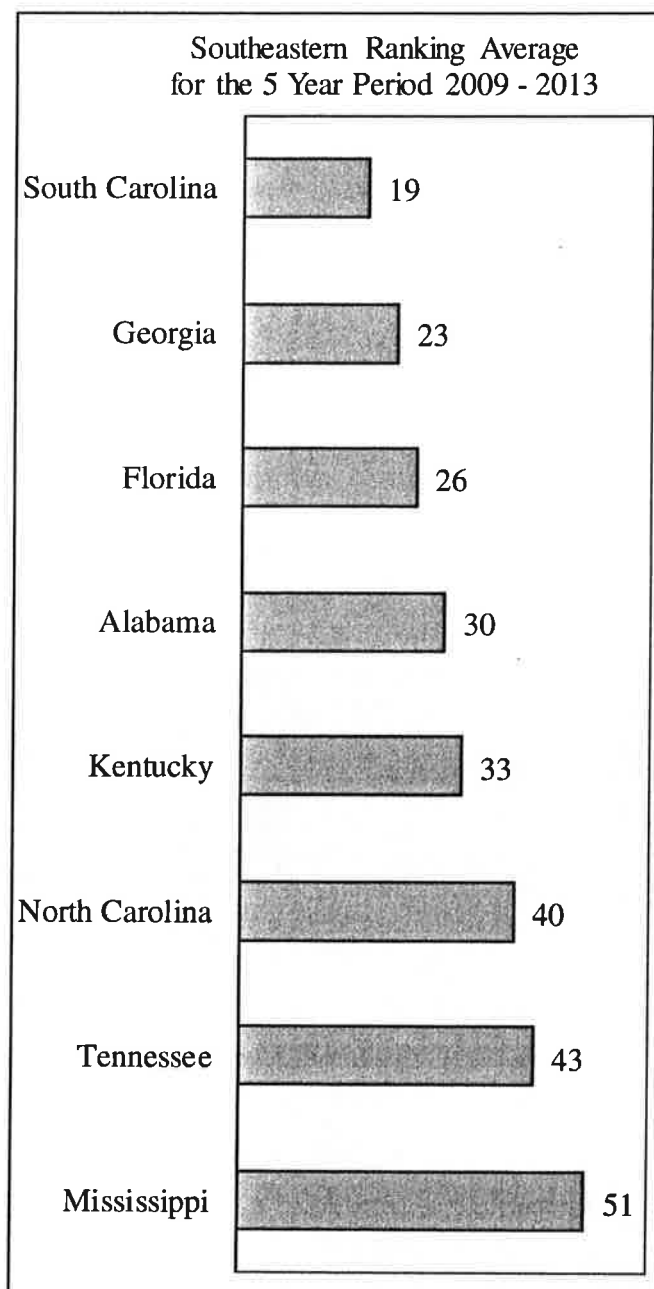


Chart B



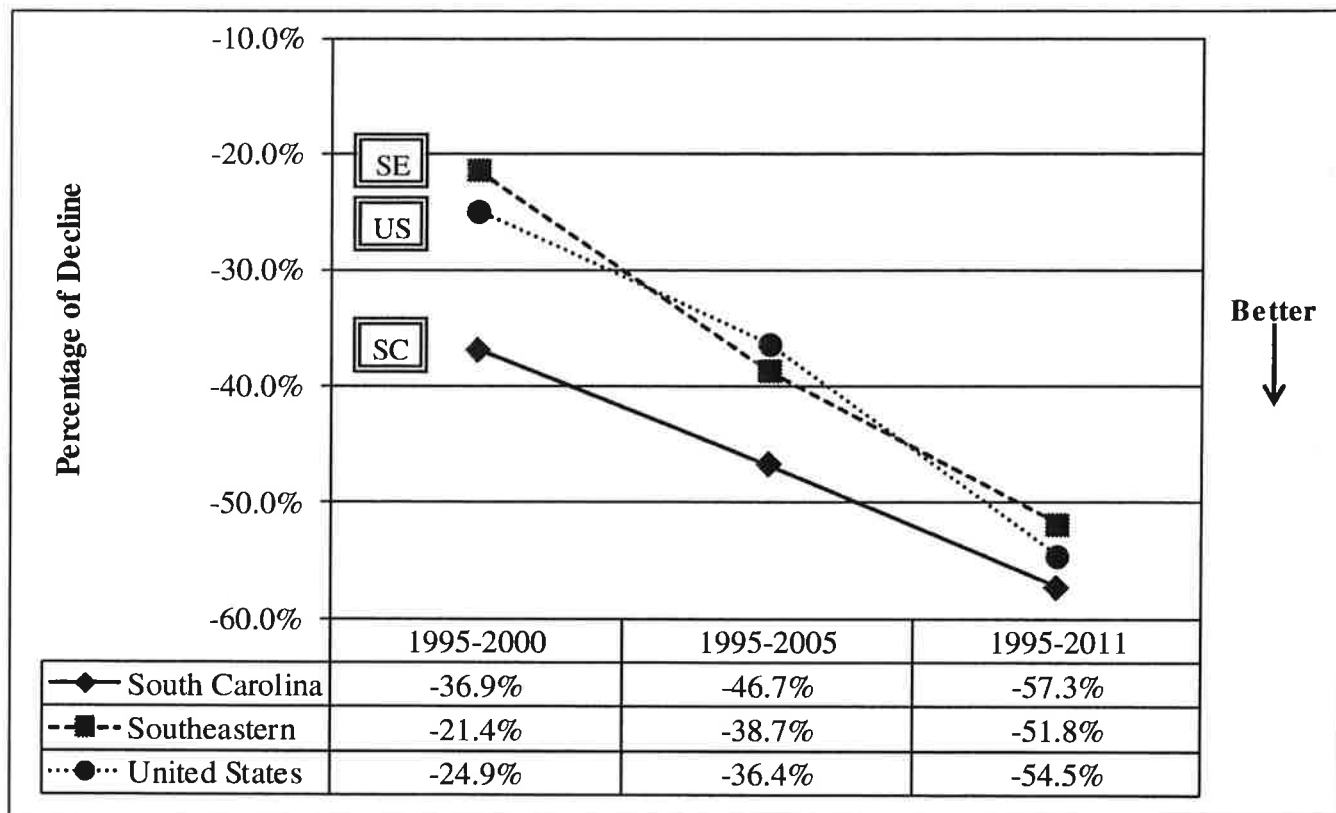
United Cerebral Palsy is one of the nation's leading organizations serving and advocating for 52.9 million Americans with disabilities. Their ranking is based on the states' ability to create quality, meaningful and community-inclusive lives for Americans with intellectual and developmental disabilities. South Carolina ranked 12 nationally in 2013 and ranks highly in comparison to Southeastern states and across the nation.

Data Sources:

The Case for Inclusion - An Analysis of Medicaid for Americans with Intellectual and Developmental Disabilities: 2009, 2010, 2011, 2012 and 2013 published by United Cerebral Palsy

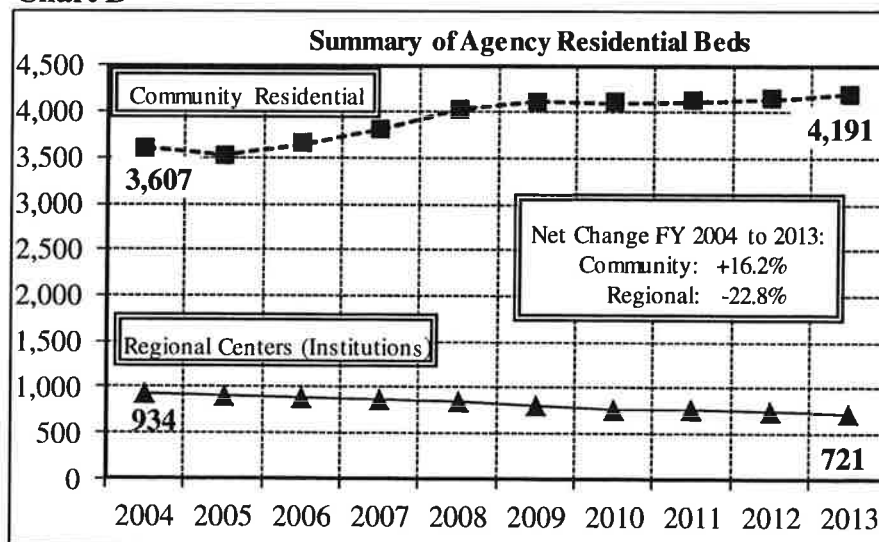
**South Carolina Department of Disabilities and Special Needs
Average Daily Population of Persons with
Intellectual Disabilities/Related Disabilities (ID/RD)
In Regional Centers (Institutions)**

Chart A



Consistent with consumer preference and choice, DDSN continues to redirect residential services from regional centers to local community services. Shifting these resources is also more cost-effective and efficient. South Carolina continues to reduce institutional capacity at a greater rate than the Southeast and United States averages.

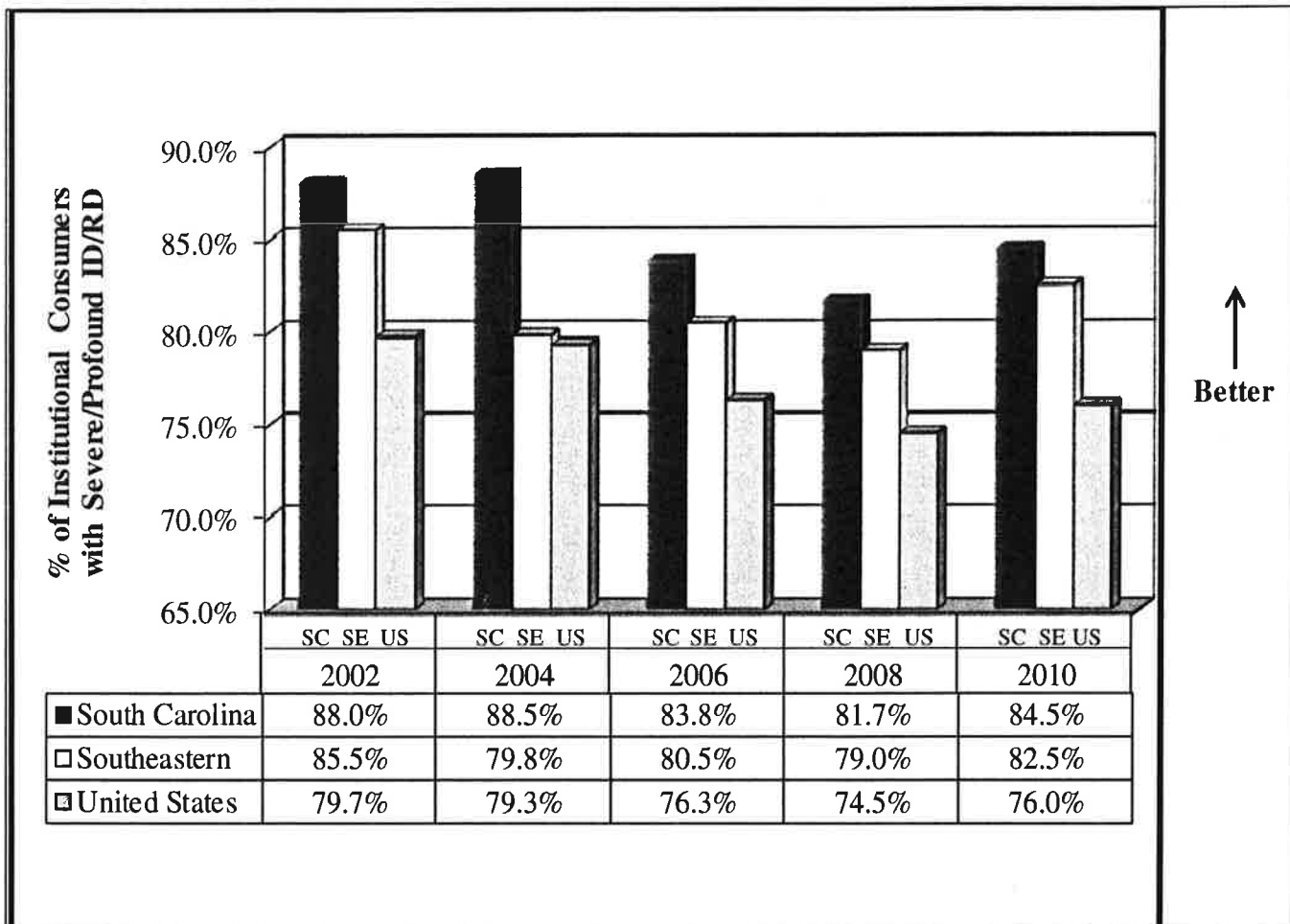
Chart B



Data Sources:

Chart A – Residential Services for Persons with Developmental Disabilities: Status and Trends through 2011 published by The University of Minnesota
Chart B – Agency data provided by DDSN

**South Carolina Department of Disabilities and Special Needs
Level of Intellectual Disability of Consumers
Residing in Regional Centers (Institutions)
Comparing South Carolina with Southeastern and United States**



This chart compares the percentage of individuals with the most extensive disabilities who are served in DDSN's regional centers to the National and Southeastern averages. The needs of the individuals served in South Carolina's regional centers (institutions) are consistently higher than the National and Southeastern averages. DDSN uses its institutions more effectively, reserving beds only for those with the most severe levels of functioning.

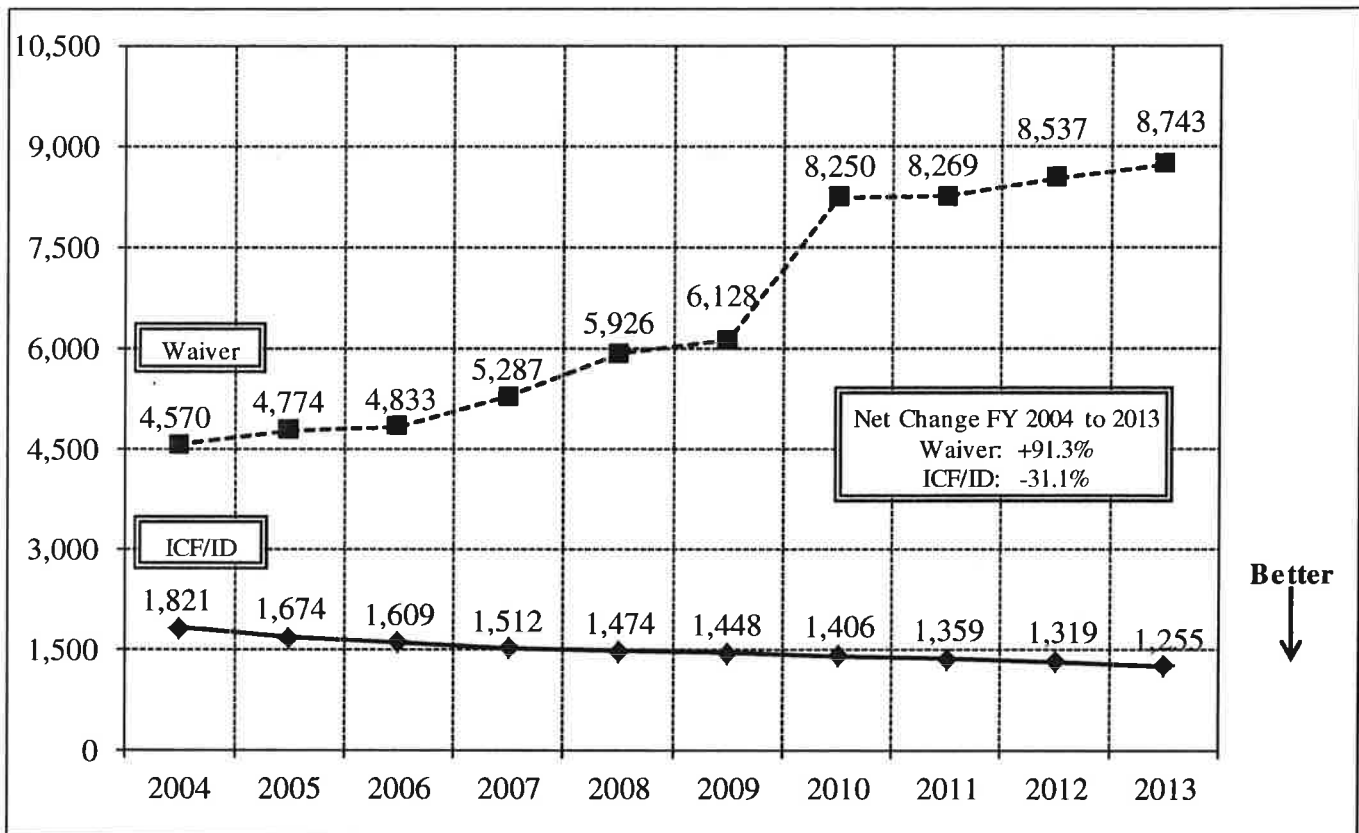
Data Sources:

Residential Services for Persons with Developmental Disabilities: Status and Trends through 2000, 2002, 2004, 2006, 2008 and 2010 published by The University of Minnesota

Figure 7.1-6
 Figure 7.2-5
 Figure 7.3-5
 Figure 7.5-5
 Figure 7.6-3

Section I:
 Major Achievements
 Section III:
 Category 3 – Customer Focus
 Category 4 – Measurement, Analysis
 & Knowledge Management

**South Carolina Department of Disabilities and Special Needs
 Delivery of Services per Consumer Choice
 Home and Community Based Settings (Waiver)
 Versus Institutional (ICF/ID)**



DDSN provides services to consumers based on their choice of either institutional (ICF/ID) or home and community based waiver services. Consumer demand for institutional care (the ICF/ID), the most expensive and most restrictive option, has decreased by 31% since 2004, while the demand for waiver services has increased by 91%. In response to this demand, DDSN designed and implemented home and community based options. These options also facilitate people moving from ICFs/ID, prevent people from having to move into ICFs/ID and are cost-efficient. DDSN designed and began operating three home and community based waivers as follows:

- 1991: Intellectual Disabilities/Related Disabilities (ID/RD)
- 2007: Pervasive Developmental Disorder (PDD)
- 2009: Community Supports (CS)

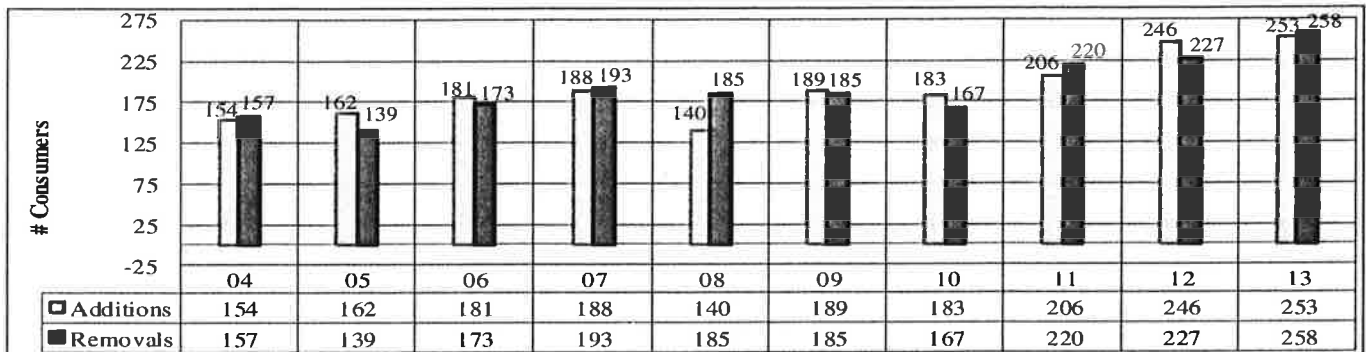
The combined per capita cost of the three waivers is approximately one-half less than the combined per capita ICF/ID costs.

Data Source:
 Agency data provided by DDSN

Figure 7.1-7
Figure 7.5-6

Section I: Major Achievements	Section III: Category 1 – Senior Leadership, Governance & Social Responsibility Category 6 – Process Management
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South Carolina Department of Disabilities and Special Needs
Critical Waiting List – Additions/Removals

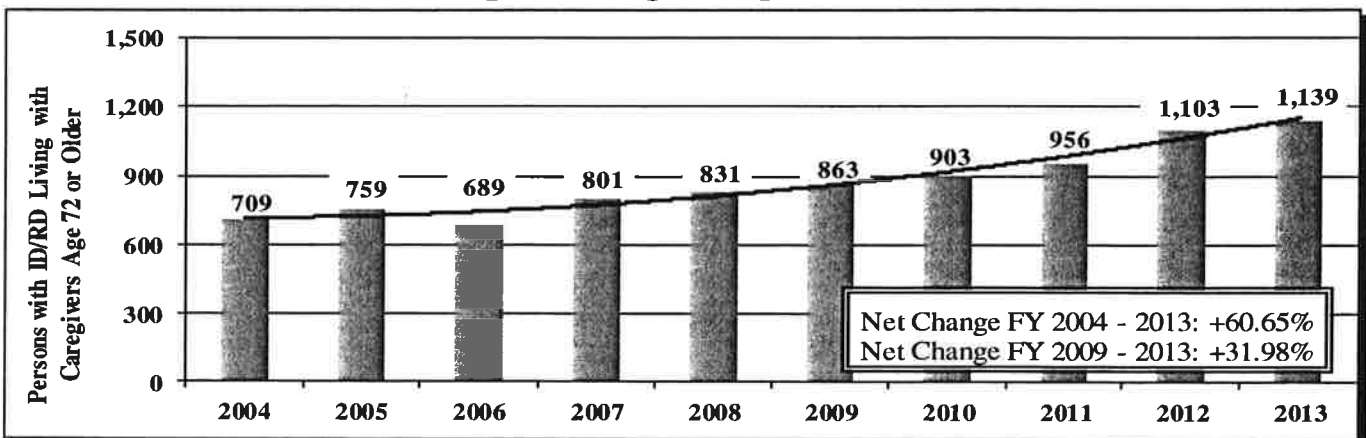


DDSN prioritizes services to those persons with lifelong disabilities who have the greatest need. Individuals whose health and safety are at risk, who cannot care for him/herself and who meet critical criteria are served first. In most critical circumstances the parent or caregiver has died or becomes so impaired they can no longer provide care, or the individual with disabilities has been neglected or abused, or the individual's behavior has become so aggressive or violent they are a danger to themselves or their caregiver/family members. When these fragile family arrangements fall apart, DDSN must respond to provide appropriate care. This past year more than 250 individuals were in critical situations and service placements were developed to meet their needs and resolve the crisis.

Figure 7.1-8
Figure 7.2-6

Section III: Category 1 – Senior Leadership, Governance & Social Responsibility Category 6 – Process Management
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South Carolina Department of Disabilities and Special Needs
Persons with Intellectual Disability/Developmental Disabilities (ID/RD)
Living with Caregivers Age 72 or Older



The number of consumers living with caregivers 72 years of age or older has increased 32% over the last five years and 61% since 2004. At any time, care for consumers by older caregivers becomes jeopardized as the caregiver's health deteriorates, the caregiver dies or is no longer able to continue this responsibility, even with increased in-home and day supports.

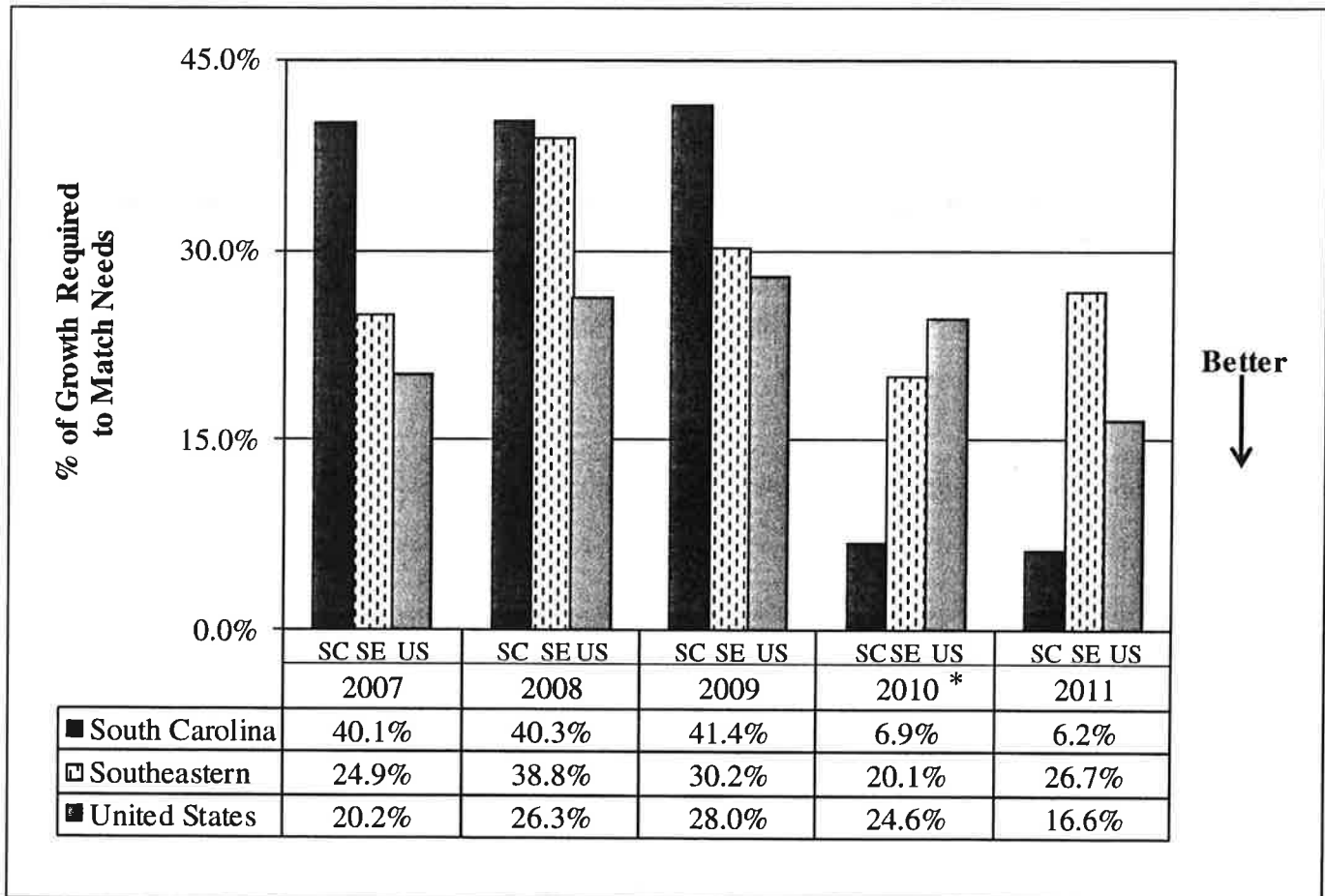
Data Source:

Agency Data provided by DDSN

Figure 7.1-9
Figure 7.3-6

Section III:
Category 1 – Senior Leadership,
Governance & Social Responsibility
Category 6 – Process Management

**South Carolina Department of Disabilities and Special Needs
Residential Services Percentage Growth
Required to Eliminate Residential Waiting List**



Georgia	14.0%	129.0%	27.3%	21.3%	46.9%
North Carolina	11.0%	13.0%	Didn't Report	Didn't Report	Didn't Report

*In 2010, the University of Minnesota modified its description of percentage growth required to eliminate states' residential waiting lists by adding "within the next 12 months". In South Carolina, residential services are reserved for only those persons with critical needs. DDSN manages its residential waiting list significantly better than the Southeastern or National averages.

Data Sources:

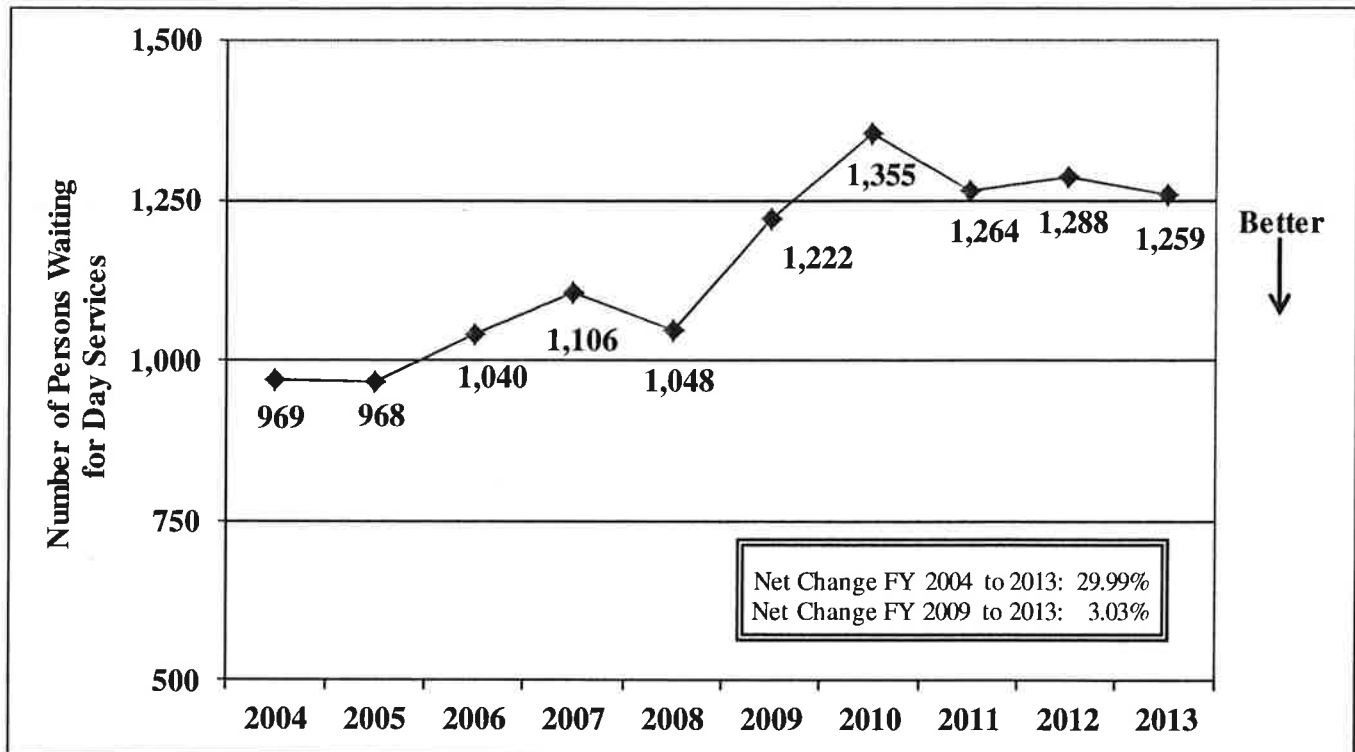
Residential Services for Persons with Developmental Disabilities: Status and Trends through 2007, 2008, 2009, 2010 and 2011 published by the University of Minnesota

Figure 7.1-10
Figure 7.3-7

Section I:
Major Achievements

Section III:
Category 1 – Senior Leadership,
Governance & Social Responsibility
Category 6 – Process Management

**South Carolina Department of Disabilities and Special Needs
Day Service Waiting List**



The waiting list for day services has increased 3% over the last five years and 30% since 2004 even though **over 9,895 people have been removed since 2004**. The individuals who are waiting for day services live at home with family. These habilitative and job-related services are important for the consumers, allow family members to remain employed and prevent the need for more expensive out-of-home placement.

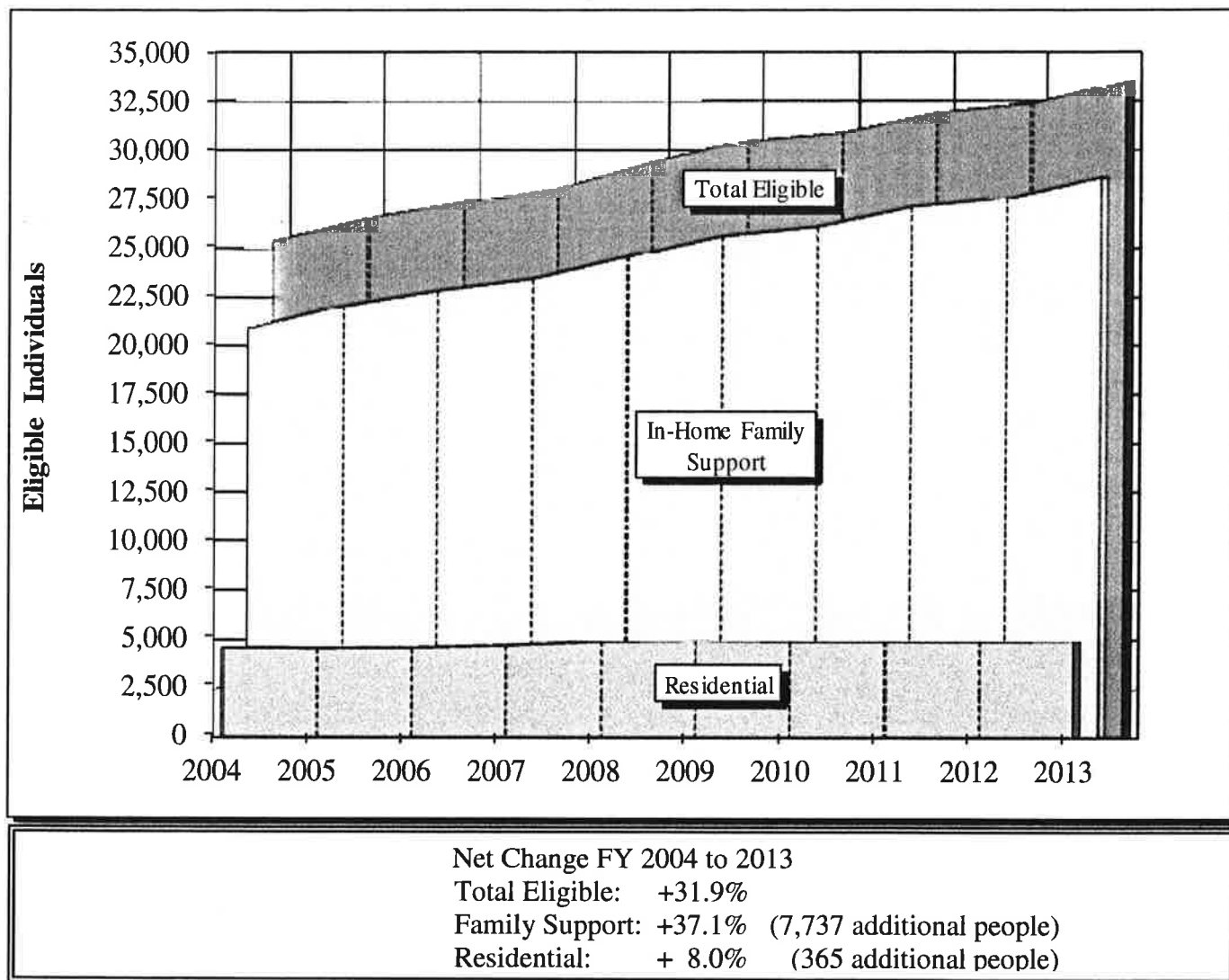
Data Sources:

Agency Data provided by DDSN

Figure 7.1-11
 Figure 7.2-7
 Figure 7.3-8
 Figure 7.5-7

Section I:
 Major Achievements
 Section III:
 Category 1 – Senior Leadership,
 Governance & Social Responsibility
 Category 6 – Process Management

South Carolina Department of Disabilities and Special Needs Summary of Agency Services



DDSN policies reflect federal and state laws by supporting people in the least restrictive setting possible. In the ten year period shown, there has been a 37% growth in the use of cost-efficient family support services compared to only 8% growth in residential services, which are more expensive.

Of the approximately 33,500 individuals eligible or receiving DDSN services, 85% live at home with their families or in their own home. Of the thousands of persons with intellectual disabilities/related disabilities and autism receiving services from DDSN, 72% live with family caregivers, compared to 58% nationally. DDSN is doing a better job of helping individuals live in a family setting.

Data Sources:

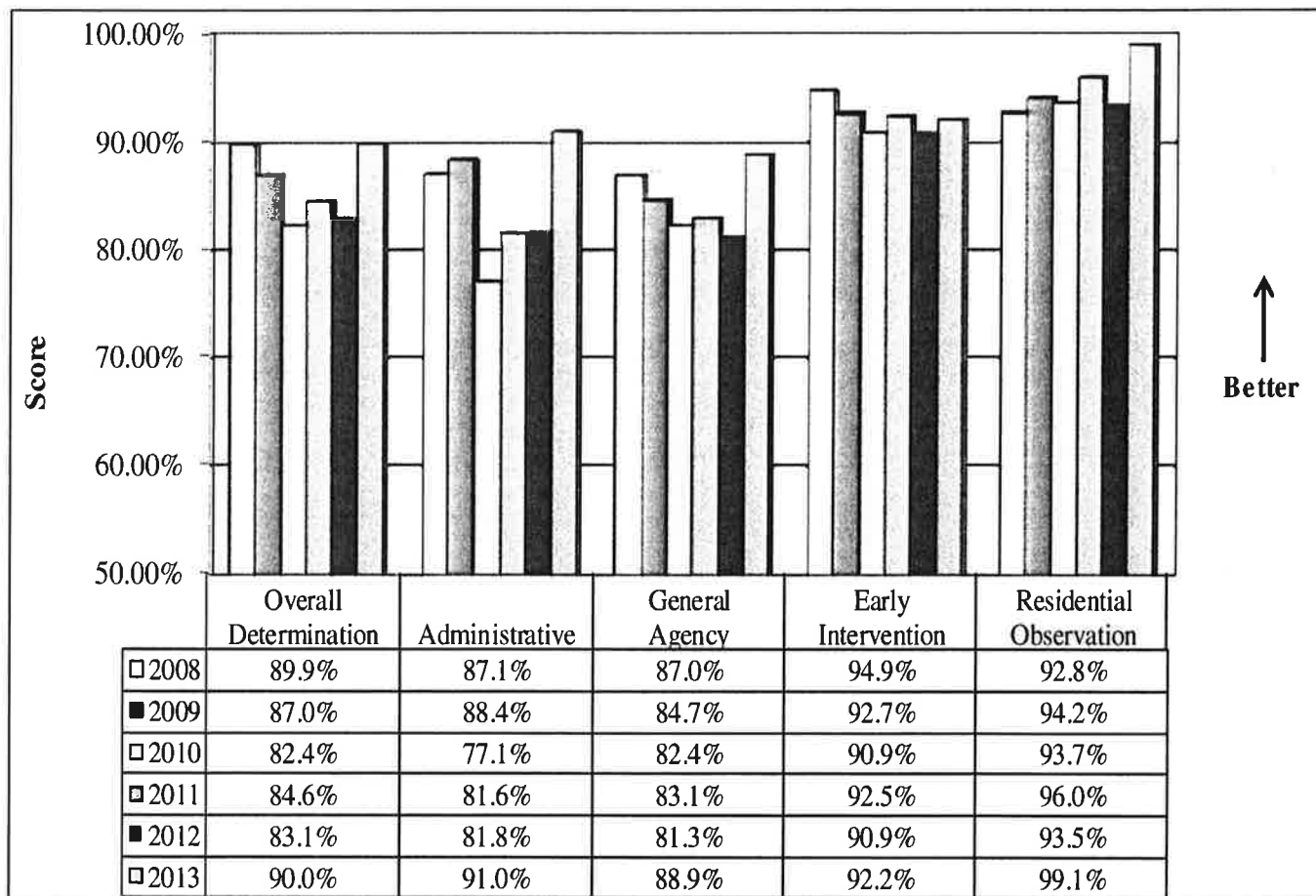
Agency data provided by DDSN

National data provided by: Residential Services for Persons with Developmental Disabilities: Status and Trends through 2011 published by The University of Minnesota

Figure 7.1-12
Figure 7.2-8
Figure 7.5-8

Section III:
Category 1 – Senior Leadership,
Governance & Social Responsibility
Category 4 – Measurement, Analysis
& Knowledge Management
Category 6 – Process Management

**South Carolina Department of Disabilities and Special Needs
Annual Provider Performance Rating on
Compliance and Service Effectiveness**



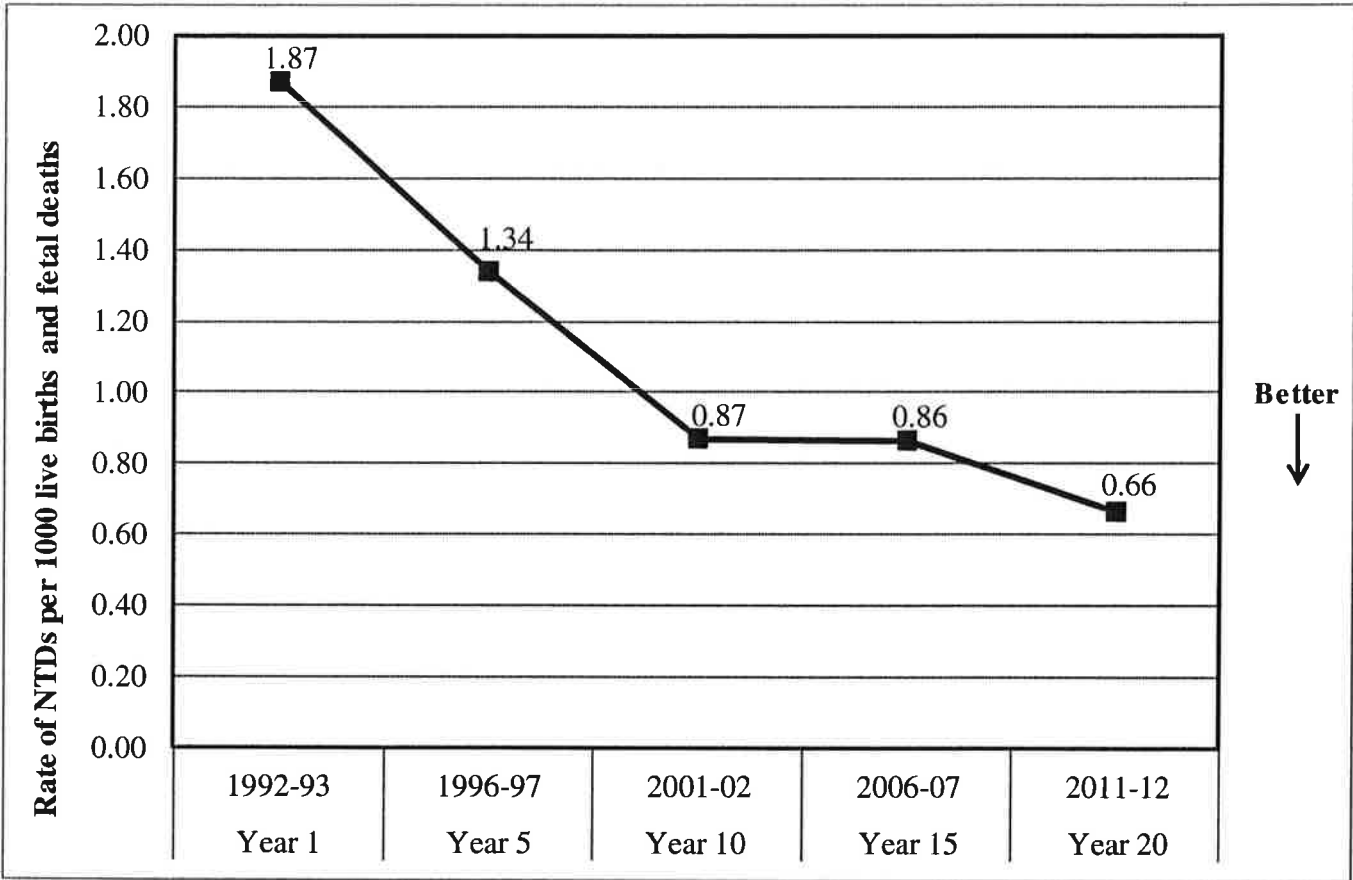
DDSN contracts with a nationally recognized CMS-Certified Quality Improvement Organization to conduct a sophisticated annual quality assurance review of DDSN service providers using random sampling to ensure reliability and validity of results. Areas such as health, safety, rights, compliance with Medicaid contracts, choice, service planning and fiscal management are reviewed. It should be noted that DDSN's change of outcome measures has increased the expected performance of its service providers over this five year period.

The four major domains of review are **Administrative**, including fiscal, governing body, critical reporting system and other management indicators; **General Agency**, including a broad range of direct service indicators such as services provided are meeting clients' needs; **Early Intervention**, including measures that evaluate the effectiveness of services to children from birth to age six; and **Residential Observation**, which evaluates the support provided to consumers in their homes during unannounced visits. Reports reflect that service providers meet or exceed compliance requirements in all domains.

Data Source:

Alliant ASO, Inc.
Delmarva Foundation Inc.

South Carolina Department of Disabilities and Special Needs
 Primary Prevention
 Neural Tube Defects (NTDs) in South Carolina



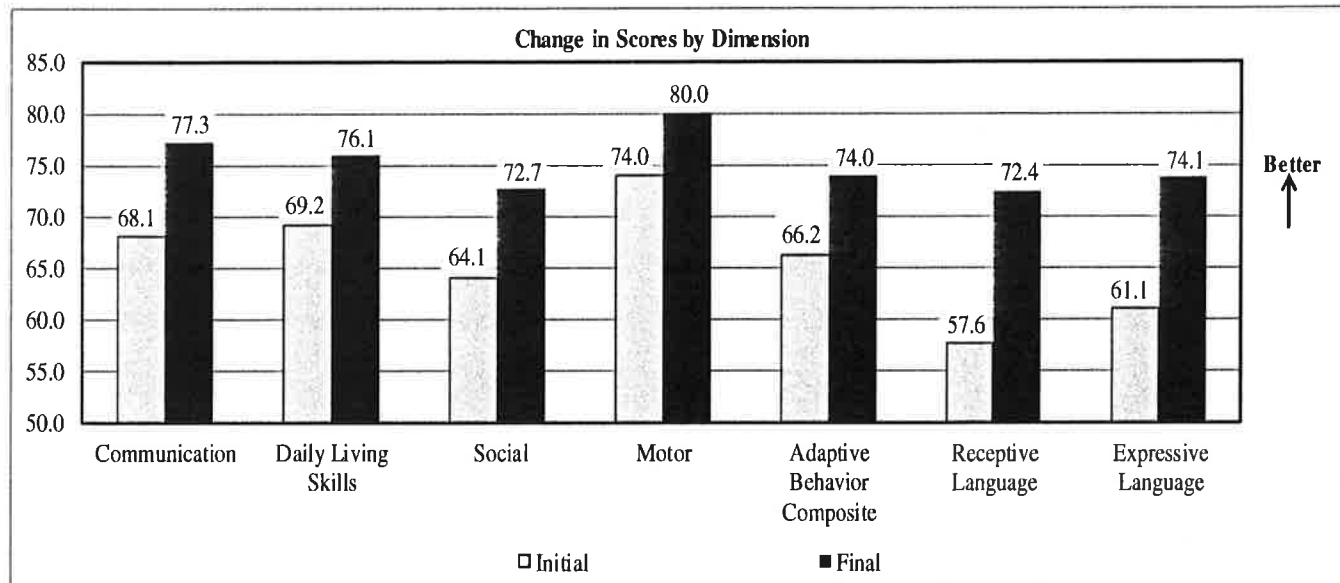
Primary prevention efforts produce the greatest return on investment of time and dollars. An example of one effort is reducing the rate of infants born with neural tube defects (NTDs) through DDSN’s partnership with the Greenwood Genetic Center. The rate of NTDs per 1,000 live births in South Carolina has steadily declined over the last 20 years. The result is the prevention of 70 infants born each year with an NTD, avoiding over \$210 million in medical and disability service costs over the lifetime of these children. Twenty years ago, South Carolina’s rate of NTDs was twice the National average; it is now in line with the National average.

Data Source:
 Greenwood Genetic Center

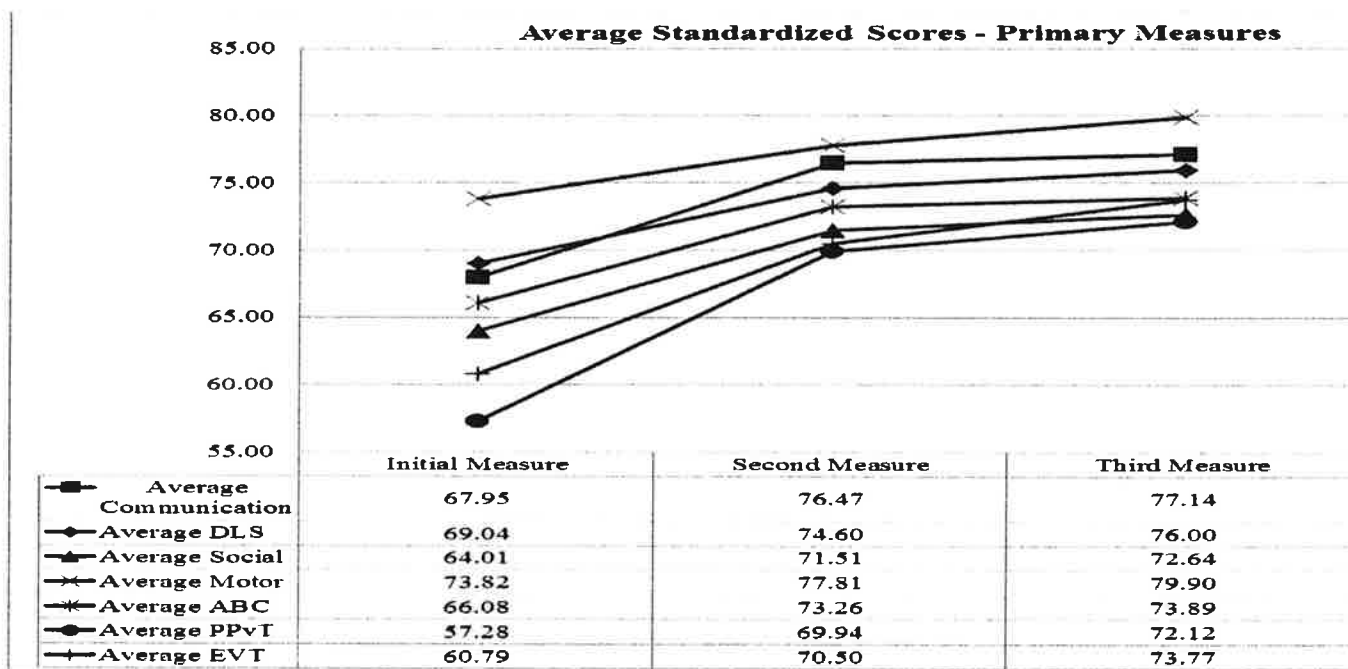
Figure 7.1-14
Figure 7.2-9
Figure 7.3-10

Section I:
Major Achievements
Section III:
Category 4 – Measurement,
Analysis,
& Knowledge Management

**South Carolina Department of Disabilities and Special Needs
Pervasive Developmental Disorders Program**



The Pervasive Developmental Disorders program provides evidence-based individualized treatment interventions for children with autism. The program is positively changing the lives of the children and their families. DDSN requested an independent analysis from University of South Carolina (USC) to determine the outcomes of children who participate in the program. The results of the USC evaluation show children demonstrate statistically significant improvement in all seven primary measures affecting children with autism: communication, expressive and receptive language, social, adaptive behavior, daily living skills and motor skills.



Data Source:

University of South Carolina College of Social Work 2011

**South Carolina Department of Disabilities and Special Needs
Avoiding Duplication
DDSN Consumers Served By Other State Agencies
For Fiscal Year 2013**

Chart A

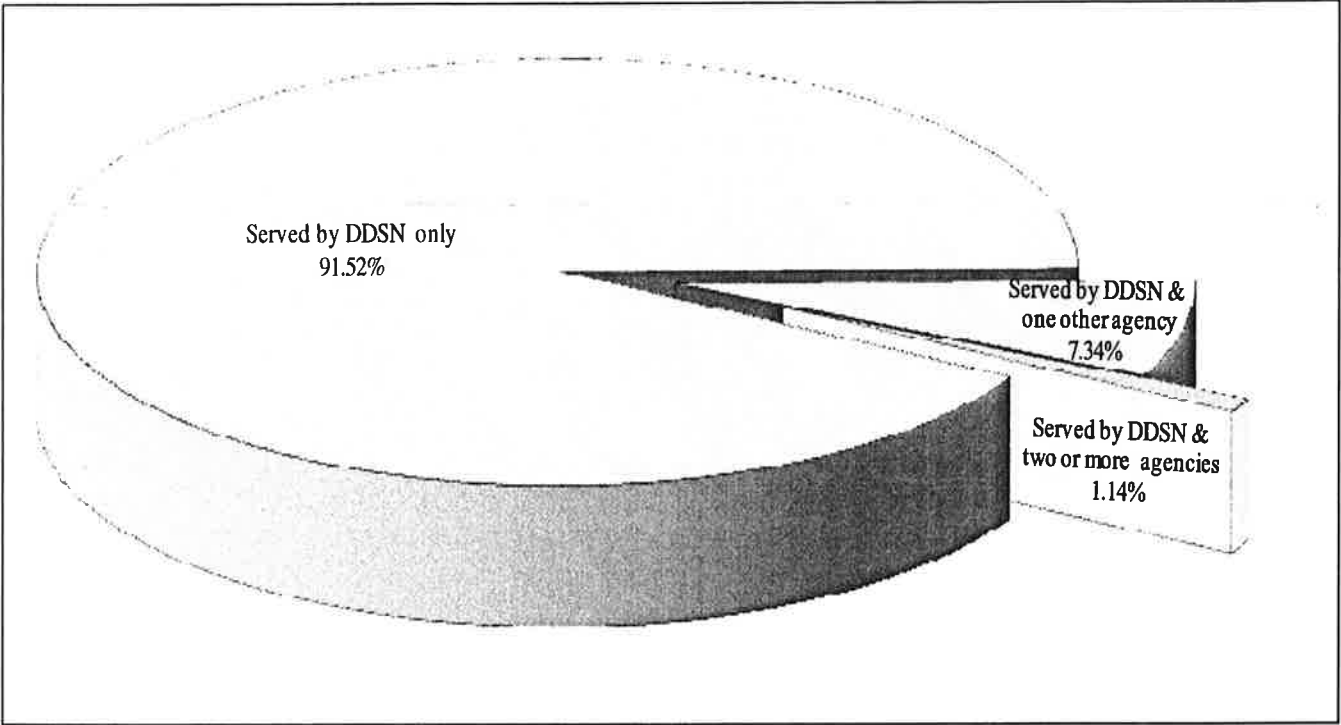
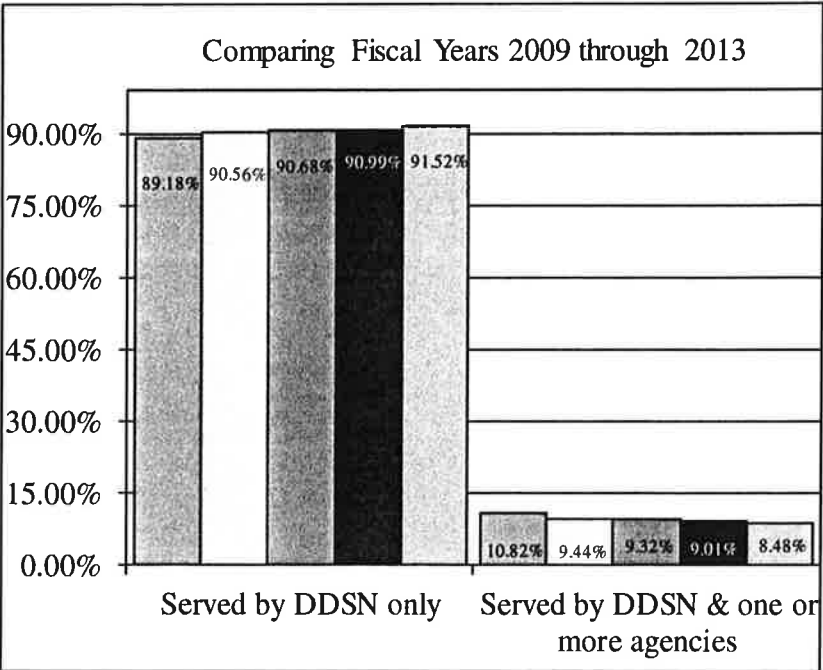


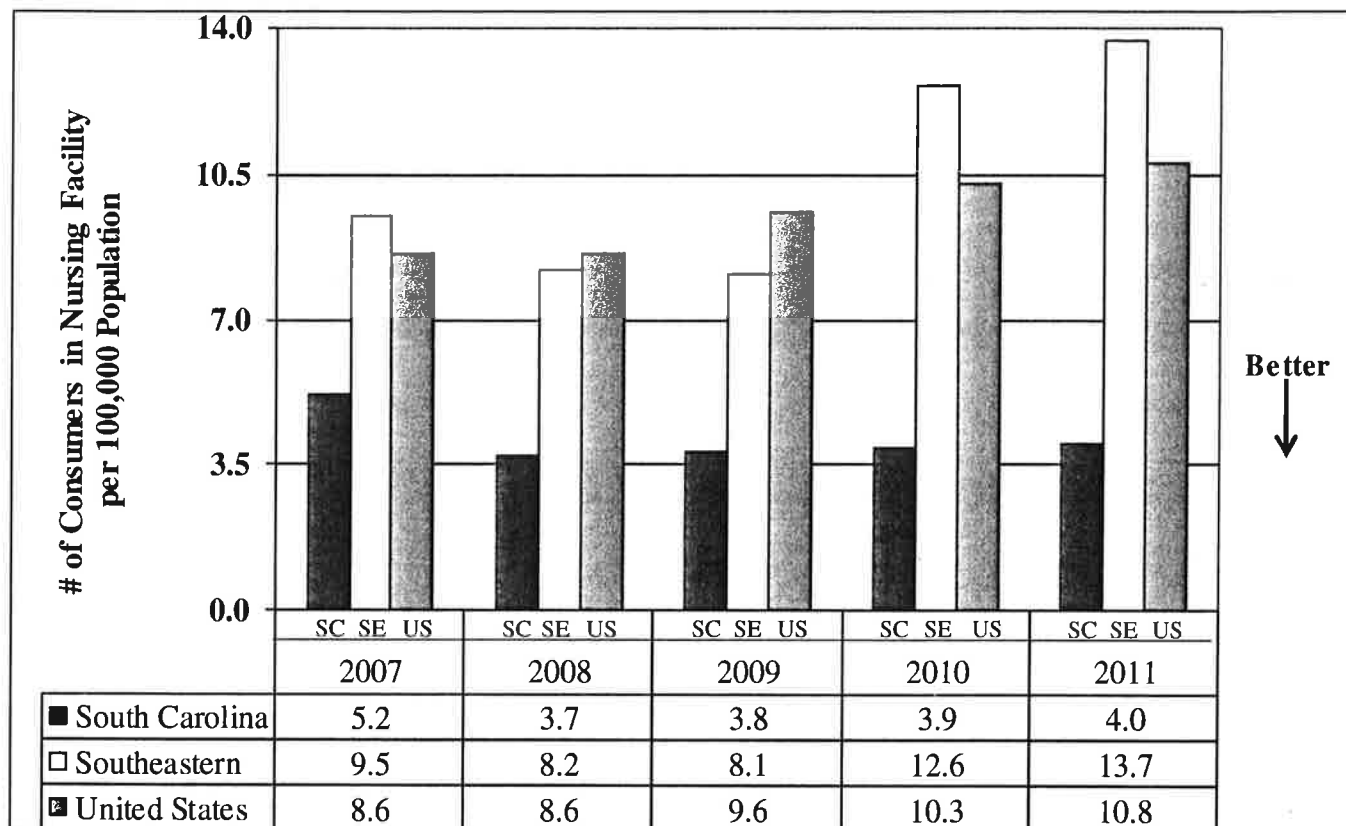
Chart B

Ninety-one percent (91%) of individuals served by DDSN do not receive services from other state agencies. When they do, services complement but do not duplicate other agencies' efforts. DDSN services focus on the developmental aspects of care and family supports such as day supports and respite care as opposed to protective/social services or psychiatric services as examples. DDSN tracks other agencies' involvement and regularly communicates with them to ensure collaboration and efficient use of services.



Data Source:
Agency data provided by DDSN

**South Carolina Department of Disabilities and Special Needs
Rate of Consumers with Developmental Disabilities
Placed in a Nursing Facility per 100,000 Population
South Carolina Compared with Southeastern and United States**



Georgia	16.5	16.1	9.8	7.7	15.2
North Carolina	4.7	4.3	10.1	44.6	43.9

DDSN's rate of consumers with developmental disabilities placed in nursing homes has been much lower than the United States and Southeastern average rates for many years. In South Carolina, just 4.0 individuals with developmental disabilities per 100,000 of the general population are served in traditional nursing facilities compared to 10.8 per 100,000 nationally.

The Federal Nursing Home Reform Act, passed in 1987, was intended to improve the conditions in nursing homes and protect people with developmental disabilities. The law requires any individual suspected of having a developmental disability to be screened prior to being admitted to a nursing home. This screening ensures that individuals with developmental disabilities requiring specialized residential services are most appropriately placed. Litigation has been initiated against several states for failing to avoid inappropriate placement. As with the general population, people with lifelong disabilities are living longer and prefer receiving services in their own homes and communities.

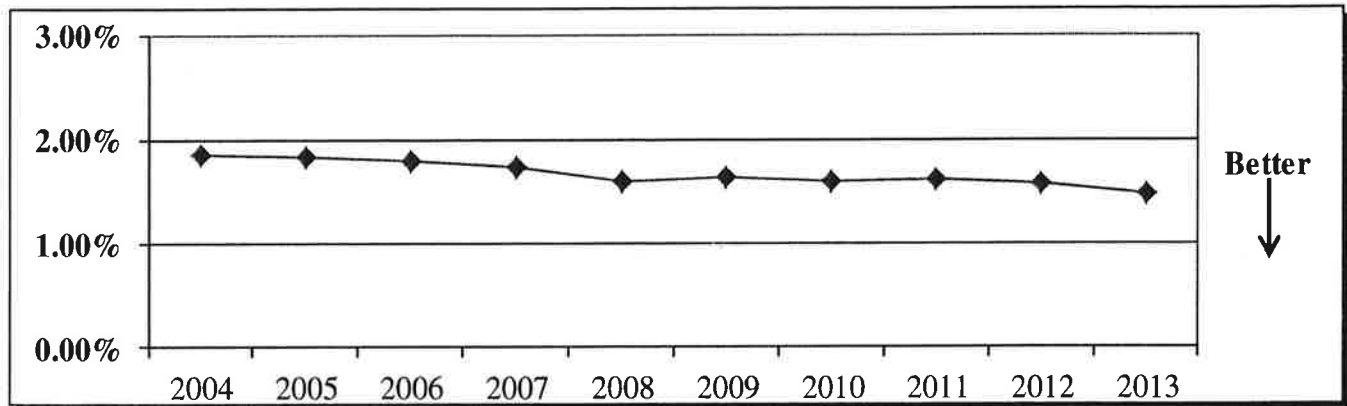
Data Sources:

Residential Services for Persons with Developmental Disabilities: Status and Trends through 2007, 2008, 2009, 2010 and 2011 published by The University of Minnesota

Figure 7.1-15
Figure 7.3-11
Figure 7.4-1

Section I:
Major Achievements
Section III:
Category 1 – Senior Leadership,
Governance & Social Responsibility
Category 5 – Workforce Focus

**South Carolina Department of Disabilities and Special Needs
Administration Expenses as a Percentage of Total Expenses**

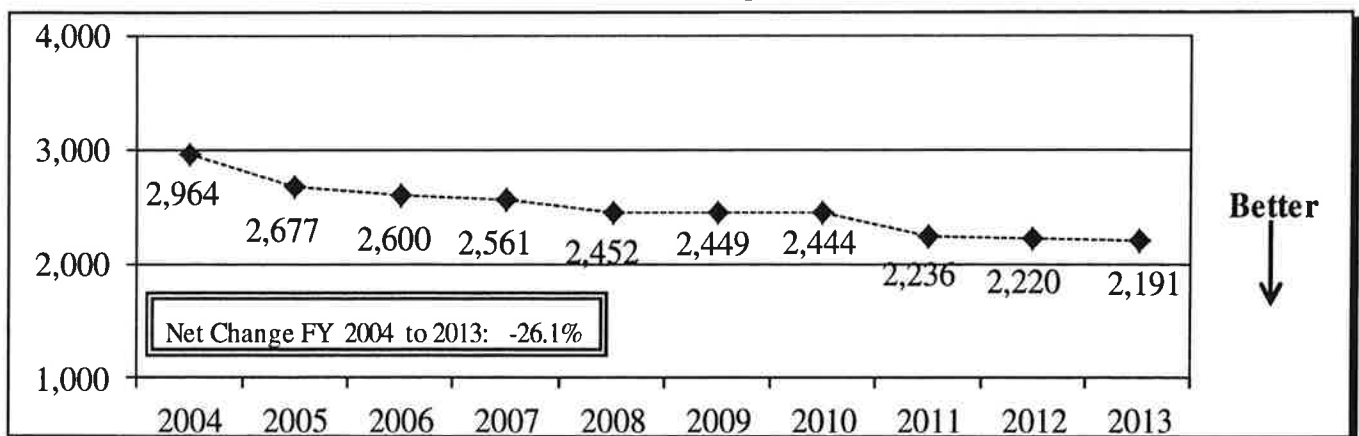


DDSN has continually shifted resources from administration to service priorities. Over the last ten years, DDSN's administrative FTEs were reduced by 14% through attrition, retargeting resources, and reductions in force. Central Office administrative expenses have remained at less than 2% of total expenses even though there has been an increase in the need for services and in the number of people served, an increased scope of services and increased federal and state compliance requirements.

Figure 7.1-16
Figure 7.3-12
Figure 7.4-2

Section III
Category 1 – Senior Leadership,
Governance & Social Responsibility

**South Carolina Department of Disabilities and Special Needs
FTEs (Full-time Equivalents)**



From 2004 to 2013, 773 FTEs were eliminated. The purpose was to realign the agency's human resources to support core services and meet its operational needs.

Data Sources:

Figure 7.1-15 - Agency data provided by DDSN

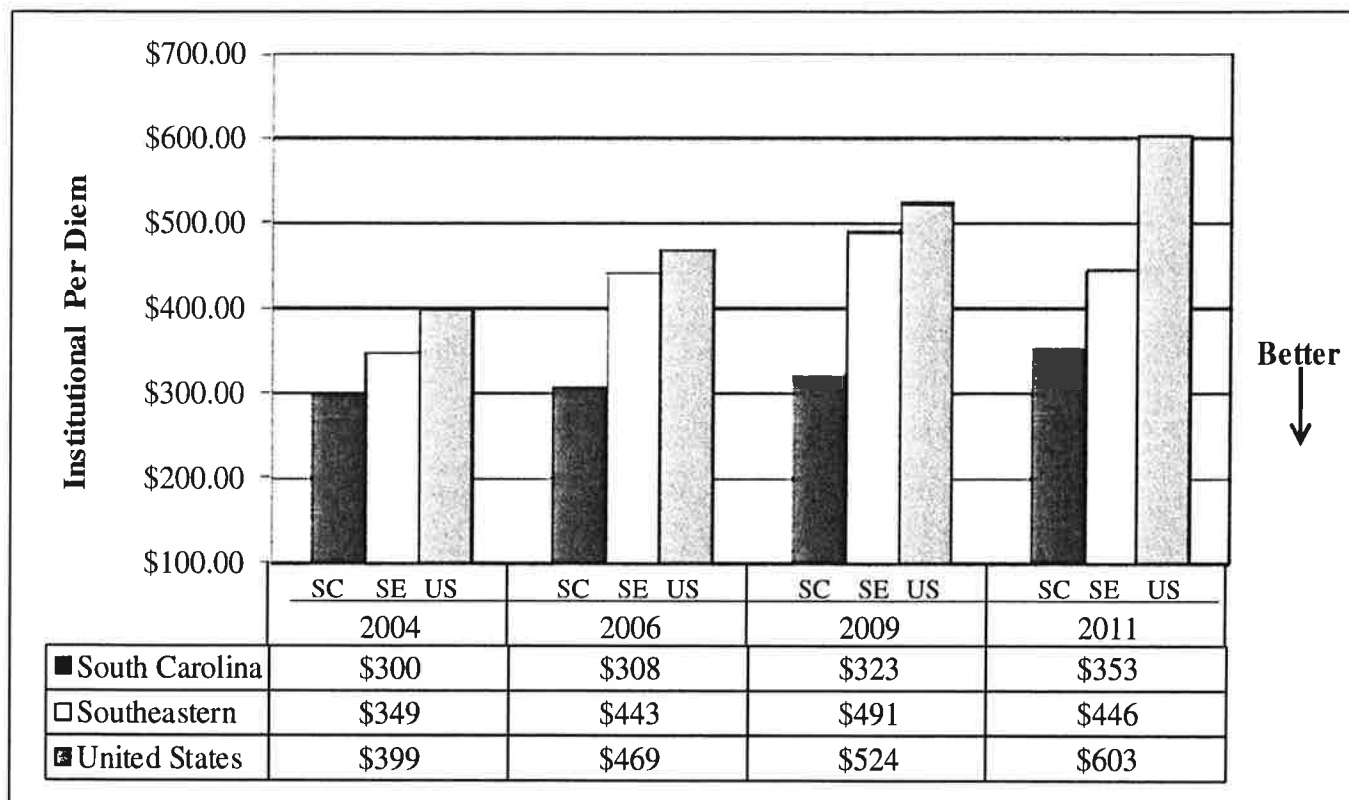
Figure 7.1-16 - Agency data provided from Appropriations Act for Fiscal Year 2014

Figure 7.3-13
Figure 7.5-11

Section I:
Major Achievements

Section III
Category 1 – Senior Leadership,
Governance & Social Responsibility
Category 4 – Measurement, Analysis,
& Knowledge Management

South Carolina Department of Disabilities and Special Needs
Institutional Per Diem
Comparing South Carolina with Southeastern and United States



Georgia	\$225	\$384	\$207	\$258
North Carolina	\$385	\$472	\$476	\$468

South Carolina's institutional per diem is 41% less than the average per diem in the United States and 21% less than the Southeastern average. This is very important because institutional care is the most expensive service. DDSN operates a much leaner and more efficient system than other agencies across the country.

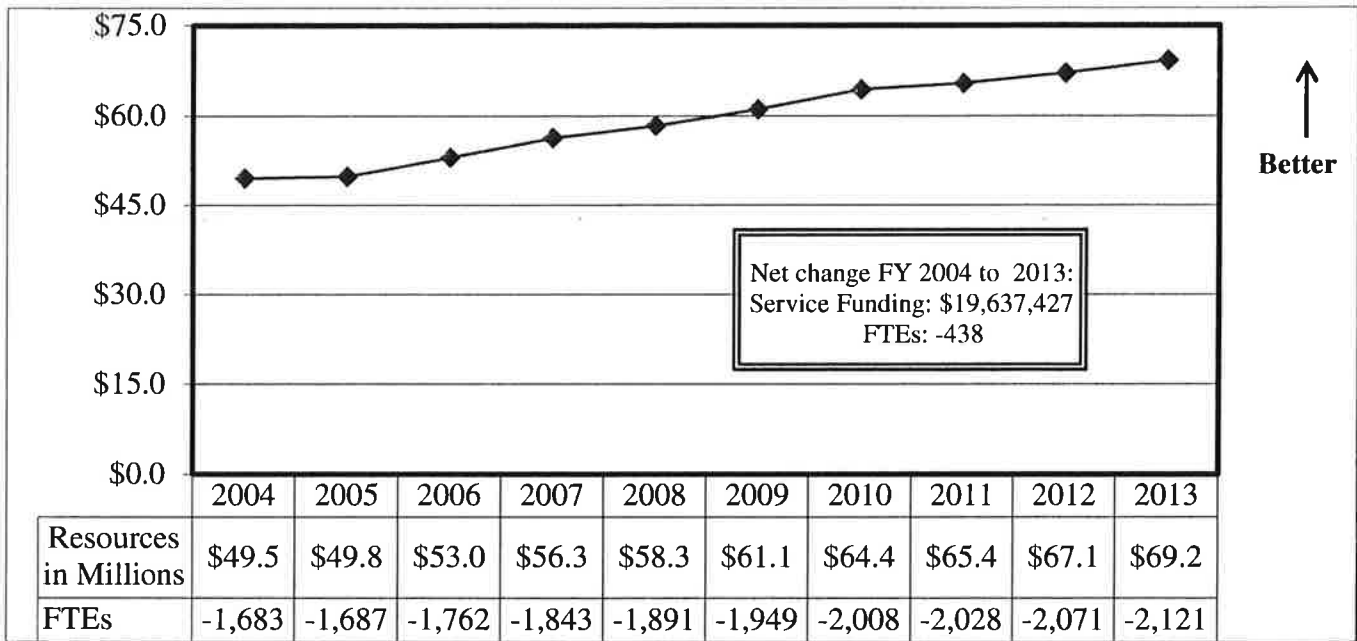
Data Source:

The State of the States in Developmental Disabilities: 2006, 2008, 2011 and 2013 published by The University of Colorado

Figure 7.1-17
 Figure 7.2-12
 Figure 7.3-14
 Figure 7.5-12
 Figure 7.6-5

Section I:
 Major Achievements
 Section III:
 Category 6 – Process Management

**South Carolina Department of Disabilities and Special Needs
 Regional Center Resources Redirected to Community Residential Services
 Cumulative Totals from Fiscal Year 2004 to 2013**



Cumulative Effect 1994 to 2013

Service Funding: \$69,208,825

FTEs: -2,121

Note: Figure displays 10 most recent years due to space limitation

As people move from the regional centers to community settings, their service funding is redirected from regional centers to local community services. Since implementing the “money follows the individual” (MFI) formula in fiscal year 1994, more than \$69 million has been redirected to local community services.

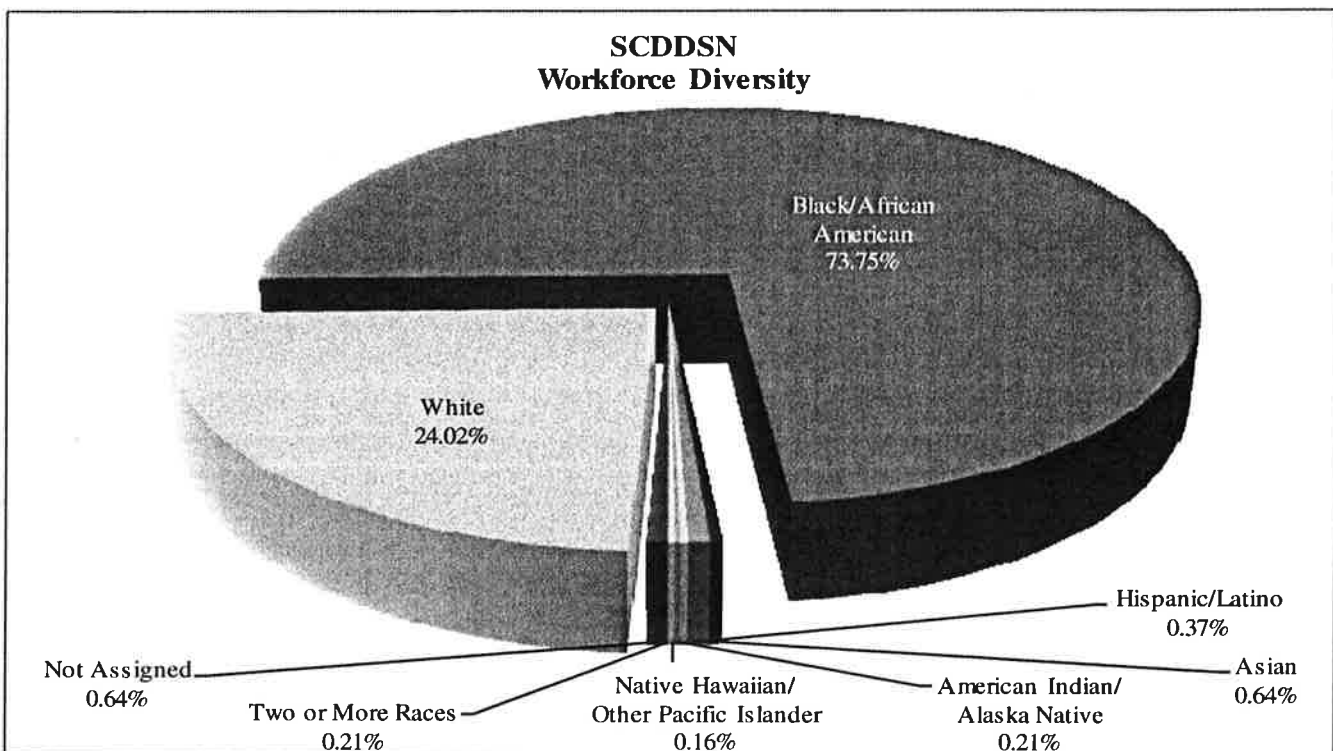
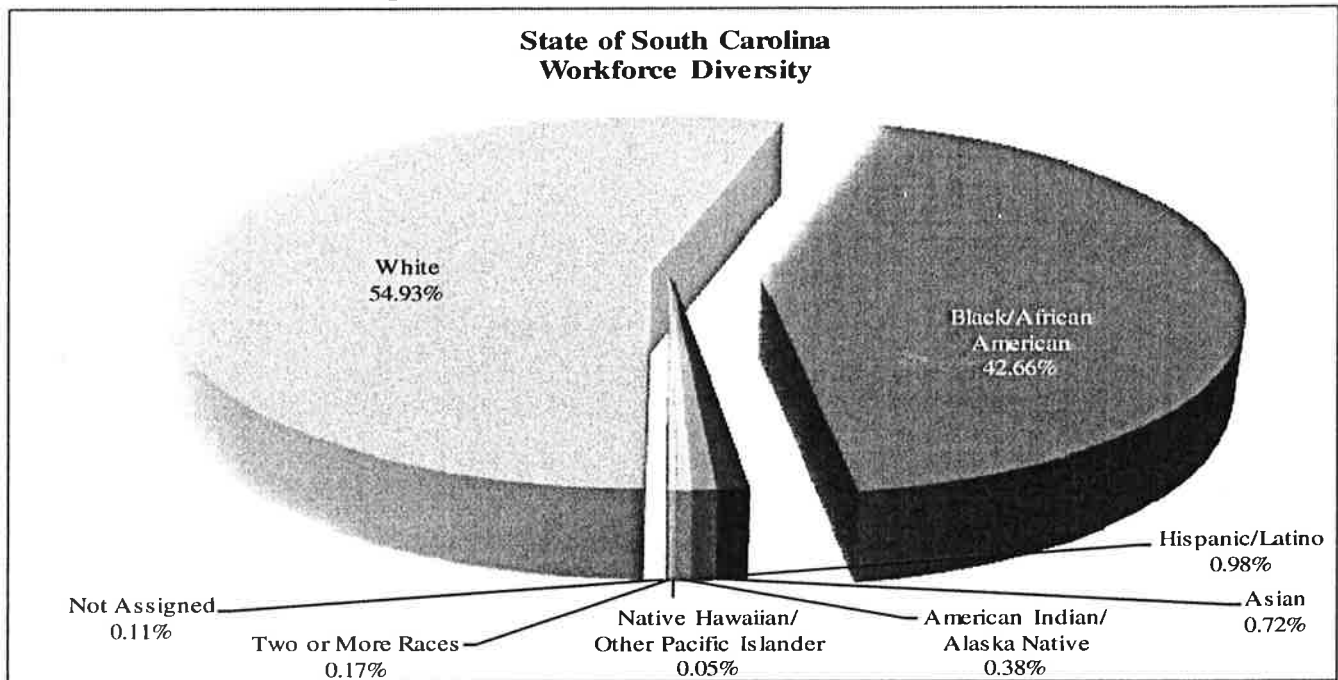
While South Carolina has a nineteen year history of utilizing its MFI formula, the National MFI initiative by the federal government only began in 2006 when states were given grants to help with this effort. National comparable data is not available at this time.

South Carolina’s MFI effort is achieved without federal aid. Another significant result is the reduction of DDSN permanent workforce positions (FTEs).

Data Source:

Agency data provided by DDSN

**South Carolina Department of Disabilities and Special Needs
Workforce Diversity
Comparing the State of South Carolina with DDSN**



DDSN's workforce reflects diversity as African-American and other ethnic minority groups make up almost 76% of the total workforce. DDSN utilizes a variety of recruitment strategies in an effort to reach a diverse applicant pool.

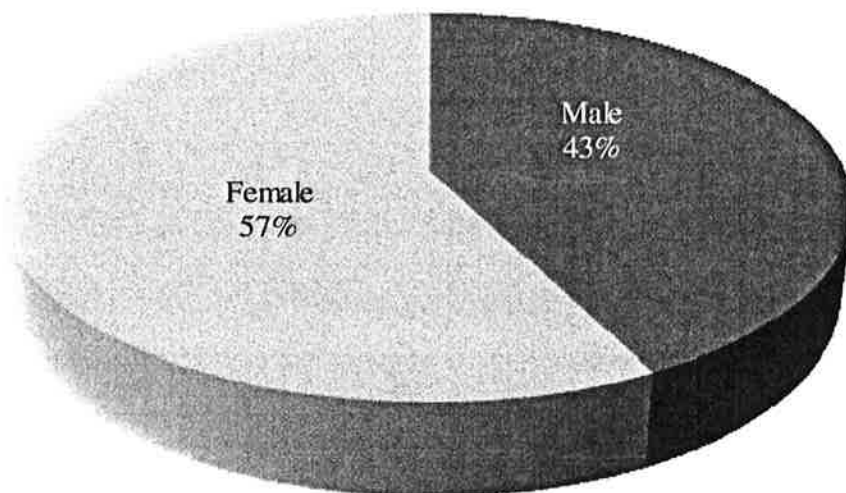
Data Sources:

State of South Carolina data provided by South Carolina Enterprise Information System Fiscal Year 2013

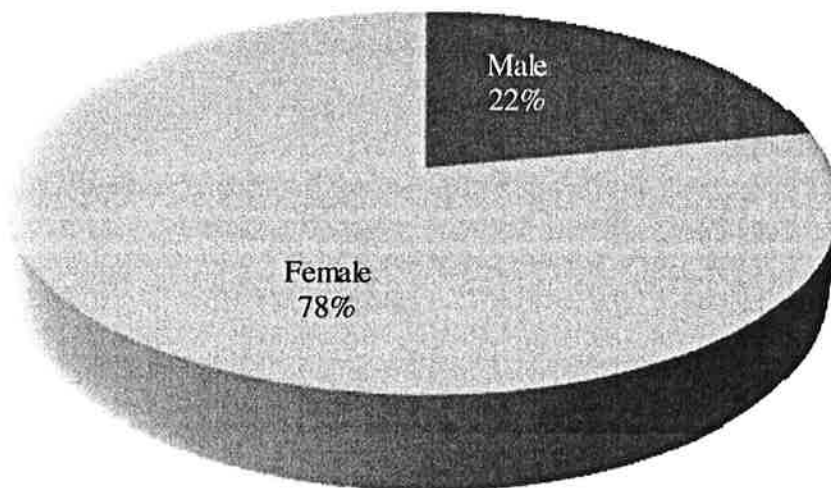
SCDDSN data provided by South Carolina Enterprise Information System Fiscal Year 2013

**South Carolina Department of Disabilities and Special Needs
Workforce Composition
Comparing the State of South Carolina with DDSN**

**State of South Carolina
Workforce Composition**



**SCDDSN
Workforce Composition**



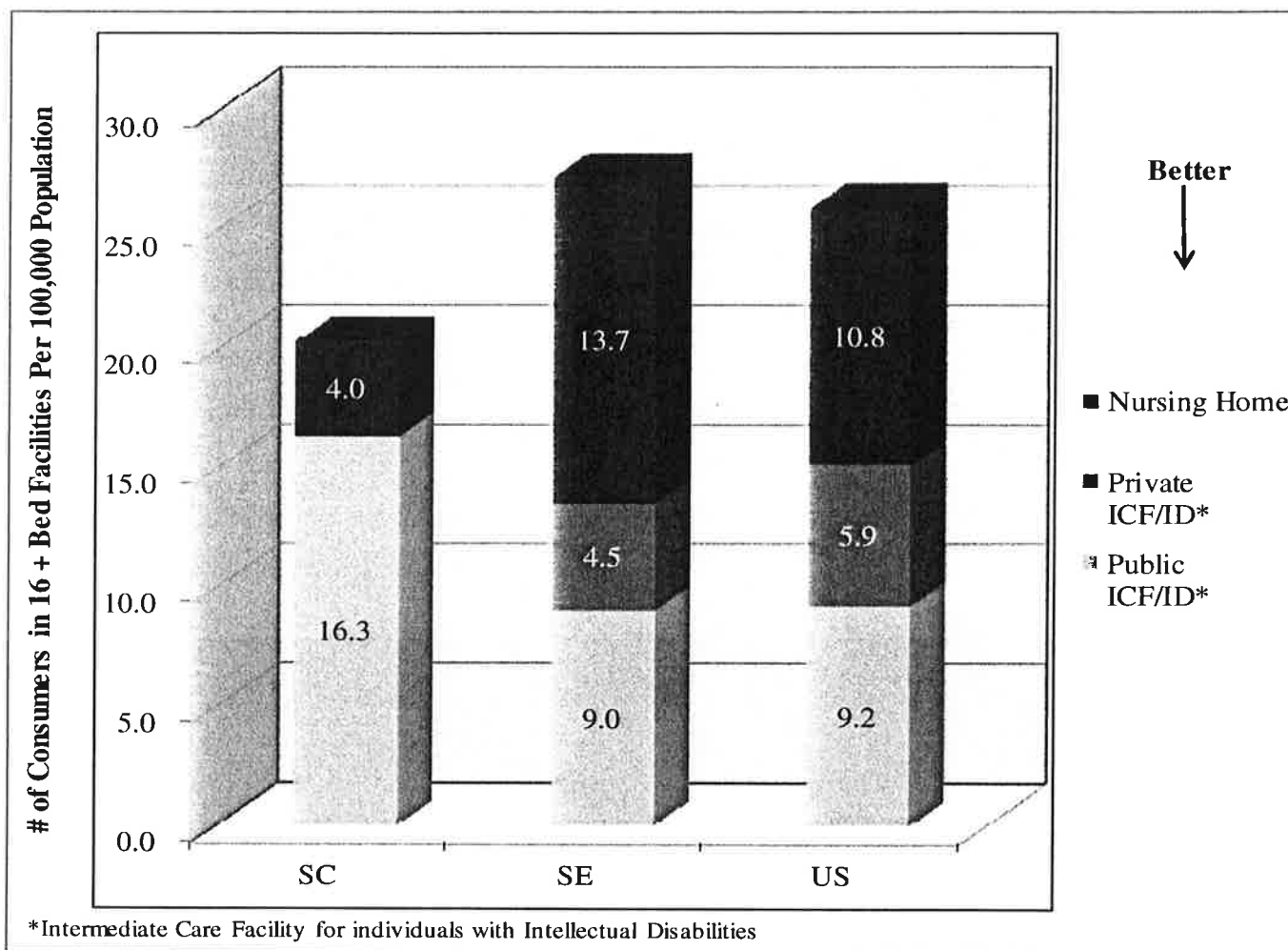
DDSN's workforce reflects diversity as women comprise 78% of the total workforce. DDSN utilizes a variety of recruitment strategies in an effort to reach a diverse applicant pool.

Data Sources:

State of South Carolina data provided by South Carolina Enterprise Information System Fiscal Year 2013

SCDDSN data provided by South Carolina Enterprise Information System Fiscal Year 2013

**South Carolina Department of Disabilities and Special Needs
State Developmental Disabilities System Resource Utilization
Comparing South Carolina with Southeastern and United States**



DDSN serves 20% fewer persons than the National and Southeastern averages of persons per 100,000 population living in large (16+ beds) institutions. Federal and South Carolina state laws require that people with intellectual disabilities and related disabilities (ID/RD) live in the least restrictive environment. DDSN is doing a better job supporting people in home and community based settings than its Southeastern counterparts and across the nation.

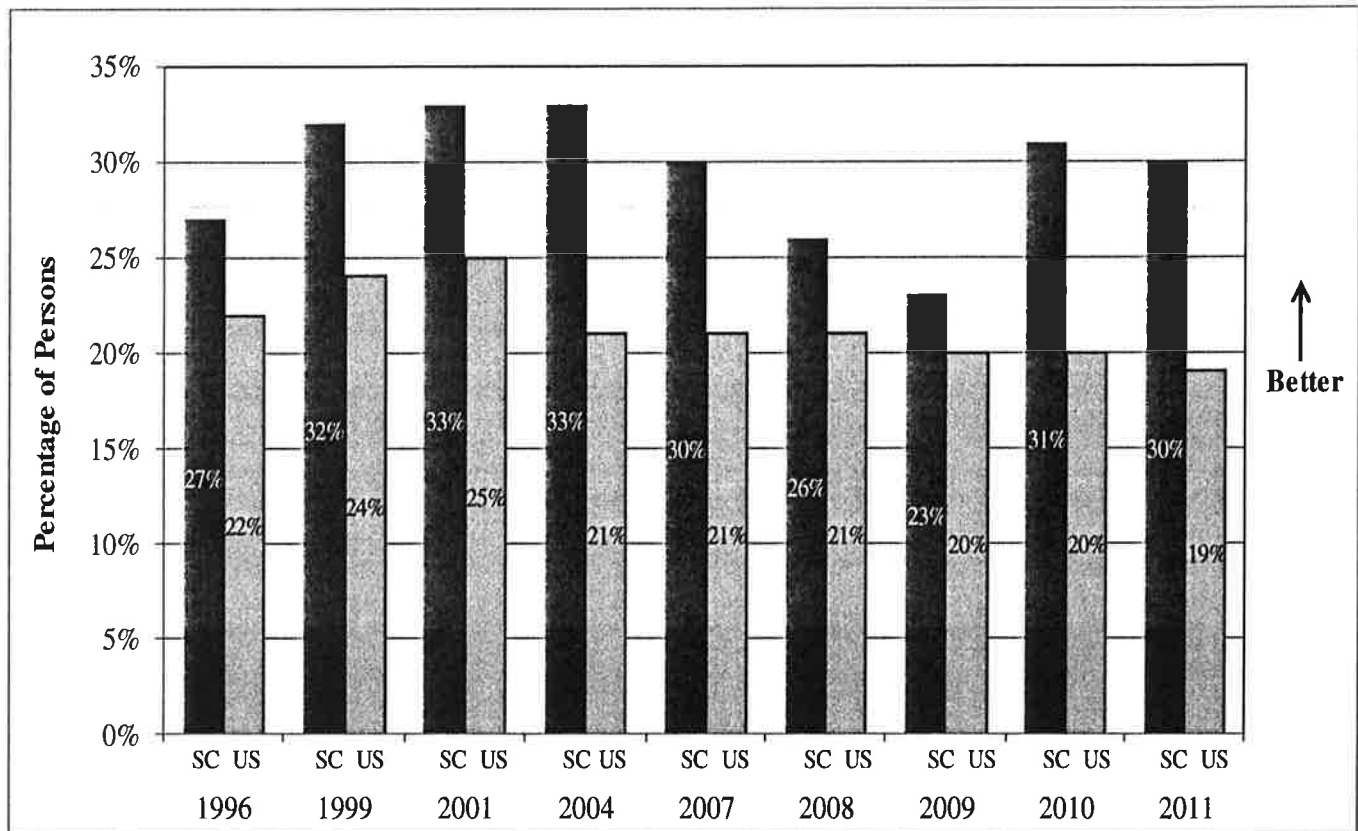
Receiving services in a smaller, family like setting is preferred by consumers and families and is a more cost-efficient service alternative for taxpayers.

Data Source:

Residential Services for Persons with Developmental Disabilities: Status and Trends through 2011 published by The University of Minnesota

Figure 7.2-14

**South Carolina Department of Disabilities and Special Needs
Percentage of Persons with Intellectual Disabilities/Related Disabilities (ID/RD)
Served in Integrated Employment
Comparing South Carolina with United States**



In South Carolina 34.5% of people with an intellectual disability and related disability (ID/RD) live below the poverty line which is comparable to the National average of 34%. To address this, DDSN uses strategies and practices which focus on integrated, community based employment as the desired outcome for individuals with ID/RD.

The percentage of people served by ID/RD agencies in integrated, community based employment across the country is 19% compared to 30% in South Carolina.

South Carolina does a better job supporting people with intellectual disabilities in integrated, competitive employment compared to National averages.

Data Source:

The National Report on Employment Services and Outcomes 2011 and 2012 published by Institute for Community Inclusion, University of Massachusetts

**South Carolina Department of Disabilities and Special Needs
Customer Satisfaction Analysis
2012 Stakeholder Sessions**

DDSN seeks out and uses input from its customers to develop services and direct resources to services considered most valuable. DDSN conducted a special series of eight Stakeholder Sessions in spring 2012 and offered an on-line survey as part of its continuing efforts to improve the services provided to its consumers. More than 800 self-advocates, parents, family members, provider staff and advocates participated in the Stakeholder Sessions and more than 150 people completed the on-line survey. Each Stakeholder Session broke out into four concurrent target groups based on the age of the person with a disability or where they live. DDSN contracted with the University of South Carolina Institute for Public Services and Policy Research to analyze the responses.

Customer Satisfaction Analysis MOST IMPORTANT SERVICES PROVIDED BY DDSN REPORTED BY PARTICIPANTS			
Families of children birth to age 5 living at home	Families of school age children 6 to 20 years living at home	Adults over 20 years living with their families	Families with children all ages living in a DDSN residential home
Assistance with home and community based supports	Applied Behavior Analysis	Jobs	Continuity of Staff
Coordination of Services	Personal Care	Supplies and Equipment	Friendly/Dedicated Staff
Early Intervention	Behavior Supports	Life skills - activities of daily living	Having choices - participating fully in life - have a purpose
Respite Care	Day Services	Day Services	Quality of life
Therapies	Respite Care	Respite Care	Safety, Independence and Health

The University of South Carolina Institute for Public Services and Policy Research reported the following major findings from their analysis:

1. Virtually every service that DDSN provides is considered important by consumers. Stakeholders need the services and supports that DDSN provides and they consider them to be important.
2. There are virtually no supports that are considered to be “least important”.
3. Stakeholders generally believe that the DDSN system works well.
4. Participants expressed value and importance of communication.

Data Source:

SCDDSN Stakeholders Analysis published by University of South Carolina Institute for Public Services and Policy Research August 2012

PRIVATIZATION AND EFFICIENCY EFFORTS

The South Carolina Department of Disabilities and Special Needs (DDSN) continues to look for ways to create efficiencies and improve outcomes. Both of these have resulted from privatization and partnerships with other state entities.

- Privatized Quality Assurance
- Privatized Pharmacy
- Privatized Laundry
- Contract with the Budget and Control Board for IT central operations
- Privatized licensure of facilities
- Contract with Office of State Fire Marshal for annual inspections of facilities
- Change Food Service
- Closed Print Shop
- Implemented Voluntary Separation Program
- Changed Medication Administration
- Closed Warehouse
- Implemented Employee Drug Testing
- Reorganized four (4) Regional Offices with 130 FTEs total to two (2)

District Offices presently with 12 FTEs

Department of Disabilities and Special Needs

Columbia, South Carolina

Independent Accountant's Report on

Applying Agreed-Upon Procedures

for the year ended June 30, 2012

State of South Carolina



Office of the State Auditor

1401 MAIN STREET, SUITE 1200
COLUMBIA, S.C. 29201

RICHARD H. GILBERT, JR., CPA
DEPUTY STATE AUDITOR

(803) 253-4160
FAX (803) 343-0723

June 27, 2013

The Honorable Nikki R. Haley, Governor
and
Members of the Disabilities and Special Needs Commission
South Carolina Department of Disabilities and Special Needs
Columbia, South Carolina

This report resulting from the application of certain agreed-upon procedures to certain internal controls and accounting records of the South Carolina Department of Disabilities and Special Needs for the fiscal year ended June 30, 2012, was issued by Scott and Company, LLC, Certified Public Accountants, under contract with the South Carolina Office of the State Auditor.

If you have any questions regarding this report, please let us know.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Richard H. Gilbert, Jr.", written in a cursive style.

Richard H. Gilbert, Jr., CPA
Deputy State Auditor

RHGjr/trb

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Independent Accountant's Report on Applying Agreed-Upon Procedures

Mr. Richard H. Gilbert, Jr., Deputy State Auditor
South Carolina Office of the State Auditor
Columbia, South Carolina

We have performed the procedures described below, which were agreed to by the governing body and management of the Department of Disabilities and Special Needs (the "Department") and the South Carolina Office of the State Auditor (the "State Auditor"), solely to assist you in evaluating the performance of the Department for the fiscal year ended June 30, 2012, in the areas addressed. The Department's management is responsible for its accounting records, internal controls and compliance with State laws and regulations. This agreed-upon procedures engagement was conducted in accordance with attestation standards established by the American Institute of Certified Public Accountants. The sufficiency of these procedures is solely the responsibility of the specified parties in this report. Consequently, we make no representation regarding the sufficiency of the procedures described below either for the purpose for which this report has been requested or for any other purpose.

Our procedures and findings are as follows:

1. Cash Receipts and Revenues

- We inspected 25 recorded receipts to determine if these receipts were properly described and classified in the accounting records in accordance with the Department's policies and procedures and State regulations.
- We inspected 25 recorded receipts to determine if these receipts were recorded in the proper fiscal year.
- We made inquiries and performed substantive procedures to determine if revenue collection and retention or remittance were supported by law.
- We compared current year recorded revenues at the subfund and account level from sources other than State General Fund appropriations to those of the prior year. We investigated changes in the earmarked, restricted and federal funds to ensure that revenue was classified properly in the Department's accounting records. The scope was based on agreed upon materiality levels (\$1,200,000 – earmarked fund, \$9,700 – restricted fund and \$5,200 – federal fund) and +/- 10 percent.

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- We made inquiries of management pertaining to the Department's policies for accountability and security over permits, licenses, and other documents issued for money. We observed Department personnel performing their duties to determine if they understood and followed the described policies.

The individual transactions selected were chosen randomly. We found no exceptions as a result of the procedures.

2. Non-Payroll Disbursements and Expenditures

- We inspected 25 recorded non-payroll disbursements to determine if these disbursements were properly described and classified in the accounting records in accordance with the Department's policies and procedures and State regulations, were bona fide disbursements of the Department, and were paid in conformity with State laws and regulations; if the acquired goods and/or services were procured in accordance with applicable laws and regulations.
- We inspected 25 recorded non-payroll disbursements to determine if these disbursements were recorded in the proper fiscal year.
- We compared current year expenditures at the subfund and account level to those of the prior year. We investigated changes in the general, earmarked, restricted and federal funds to ensure that expenditures were classified properly in the Department's accounting records. The scope was based on agreed upon materiality levels (\$750,000 – general fund, \$1,200,000 – earmarked fund, \$9,700 – restricted fund and \$5,200 – federal fund) and +/- 10 percent.

The individual transactions selected were chosen randomly. We found no exceptions as a result of the procedures.

3. Payroll Disbursements and Expenditures

- We inspected 25 recorded payroll disbursements to determine if the selected payroll transactions were properly described, classified, and distributed in the accounting records; persons on the payroll were bona fide employees; payroll transactions were properly authorized and were in accordance with existing legal requirements and processed in accordance with the Department's policies and procedures and State regulations.
- We inspected payroll transactions for 25 new employees and 25 individuals who terminated employment to determine if the employees were added and/or removed from the payroll in accordance with the Department's policies and procedures, that the employee's first and/or last pay check was properly calculated and that the employee's leave payout was properly calculated in accordance with applicable State law.

- We compared current year payroll expenditures at the subfund and account level to those of the prior year. We investigated changes in the general, earmarked, restricted and federal funds to ensure that expenditures were classified properly in the Department's accounting records. The scope was based on agreed upon materiality levels (\$750,000 – general fund, \$1,200,000 – earmarked fund, \$9,700 – restricted fund and \$5,200 – federal fund) and +/- 10 percent.
- We compared the percentage change in recorded personal service expenditures to the percentage change in employer contributions and computed the percentage distribution of recorded fringe benefit expenditures by fund source and compared the computed distribution to the actual distribution of recorded payroll expenditures by fund source. We investigated changes of +/- 5 percent to ensure that payroll expenditures were classified properly in the Department's accounting records.

The individual transactions selected were chosen randomly. We found no exceptions as a result of the procedures.

4. Journal Entries, Operating Transfers and Appropriation Transfers

- We inspected 25 journal entries, 5 operating transfers, and 25 appropriation transfers to determine if these transactions were properly described and classified in the accounting records; they agreed with the supporting documentation, the purpose of the transactions was documented and explained, the transactions were properly approved, and were mathematically correct; and the transactions were processed in accordance with the Department's policies and procedures and State regulations.

The individual transactions selected were chosen randomly. We found no exceptions as a result of the procedures.

5. Composite Reservoir Accounts

Reconciliations

- We obtained all monthly reconciliations prepared by the Department for the year ended June 30, 2012, and inspected selected reconciliations of balances in the Department's accounting records to those reflected on the State Treasurer's Office monthly reports to determine if accounts reconciled. For the selected reconciliations, we determined if they were timely performed and properly documented in accordance with State regulations, recalculated the amounts, agreed the applicable amounts to the Department's general ledger, agreed the applicable amounts to the State Treasurer's Office monthly reports, determined if reconciling differences were adequately explained and properly resolved, and determined if necessary adjusting entries were made in the Department's accounting records.

Cash Receipts and Revenues

- We inspected selected recorded receipts to determine if these receipts were properly described and classified in the accounting records in accordance with the Department's policies and procedures and State regulations.
- We inspected selected recorded receipts to determine if these receipts were recorded in the proper fiscal year.
- We made inquiries and performed substantive procedures to determine if revenue collection and retention or remittance were supported by law. We obtained all monthly reconciliations prepared by the Department.

Non-payroll Disbursements and Expenditures

- We inspected selected recorded non-payroll disbursements to determine if these disbursements were properly described and classified in the accounting records in accordance with the Department's policies and procedures and State regulations, were bona fide disbursements of the Department, and were paid in conformity with State laws and regulations; if the acquired goods and/or services were procured in accordance with applicable laws and regulations.
- We inspected selected recorded non-payroll disbursements to determine if these disbursements were recorded in the proper fiscal year.

The reconciliations selected were chosen randomly. We found no exceptions as a result of the procedures.

6. Appropriation Act

- We inspected Department documents, observed processes, and/or made inquiries of Department personnel to determine the Department's compliance with Appropriation Act general and Department specific provisos.

We found no exceptions as a result of the procedures.

7. Reporting Packages

- We obtained copies of all reporting packages as of and for the year ended June 30, 2012, prepared by the Department and submitted to the State Comptroller General. We inspected them to determine if they were prepared in accordance with the Comptroller General's Reporting Policies and Procedures Manual requirements and if the amounts reported in the reporting packages agreed with the supporting workpapers and accounting records.

We judgmentally selected samples from the Department's reporting packages based on the number of items in the detail to the individual reporting package. We found no exceptions as a result of the procedures.

Mr. Richard H. Gilbert, Jr., Deputy State Auditor
South Carolina Office of the State Auditor
June 28, 2013

8. Schedule of Federal Financial Assistance

- We obtained a copy of the Schedule of Federal Financial Assistance for the year ended June 30, 2012, prepared by the Department and submitted to the State Auditor. We inspected it to determine if it was prepared in accordance with the State Auditor's letter of instructions; if the amounts agreed with the supporting workpapers and accounting records.

We found no exceptions as a result of the procedures.

9. Status of Prior Findings

- We inquired about the status of the findings reported in the Accountant's Comments section of the State Auditor's Report on the Department resulting from our engagement for the fiscal year ended June 30, 2010, to determine if the Department had taken corrective action. We applied no procedures to the Department's accounting records and internal controls for the year ended June 30, 2011.

We found no exceptions as a result of the procedures.

We were not engaged to and did not conduct an audit, the objective of which would be the expression of an opinion on the accounting records. Accordingly, we do not express such an opinion. Had we performed additional procedures, other matters might have come to our attention that would have been reported to you.

This report is intended solely for the information and use of the Governor, the Members of the Department's governing body and its management, and the South Carolina Office of the State Auditor and is not intended to be and should not be used by anyone other than these specified parties.

Scott and Company LLC

Columbia, South Carolina
June 28, 2013

SECTION A – STATUS OF PRIOR FINDINGS

During the current engagement, we reviewed the status of corrective action taken on the findings reported in the Accountant's Comments section of the Independent Accountant's Report on the Department for the fiscal year ended June 30, 2010, and dated June 9, 2011. We performed no procedures to the Department's accounting records and internal controls for the year ended June 30, 2011. We determined that the Department has taken adequate corrective action each of the findings.